

P.O.S.H. WAY TO REVERSE TYPE 2 & TYPE 1 DIABETES

PROTOCOL OF SELF HEALING FOR REVERSING DIABETES WITHOUT DRUGS

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My Sincere Gratitude to The Almighty
for blessing me with
Strength, Courage, and Perseverance
to walk the path of
Truth, Freedom, and Health.

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ABOUT THE AUTHOR

Dr. Kamalpreet Singh is an author who shares knowledge to maintain a disease-free life by adopting a healthy diet and lifestyle. He discovered the healing powers of natural food and herbs when he reversed his major health problems. His pursuit to heal people fostered him to obtain knowledge from prestigious institutes of health and nutrition. His credentials are as follows:

- Consultant Paramedic with Network of Influenza Care Experts at Hospital and Institute of Integrated Medical Sciences, India
- Certified Diabetes Educator from Research Institute of Complimentary Health Sciences, Vietnam
- → Certified Fitness Nutrition Specialist from American Council on Exercise and Lincoln University College, Malaysia
- Renowned for publishing case studies on reversal of type 1 diabetes in reputed medical and scientific journals
- Certified in prevention of type-2 diabetes mellitus from International Diabetes Federation
- Honored with the title 'Corona Warrior' by Indo-Vietnam Medical Board for service to heal patients with Covid-19 in 2020-21
- Author of best-selling books like Advanced Nutrition Therapy, The Shocking Truth of Paracetamol, The Vaccine Crime Report, and Do Face Masks Really Work
- Recognized by India Book of Records for healing people from diabetes and other illnesses through Whole Food Plant-Based Diet
- Recipient of honorary doctorate degree in Health and Wellness for excellent record in the field of plant-based nutrition

CONTENTS

- 1. Is it Possible to Reverse Type-2 Diabetes?
- 2. What is the Cause of Type-2 Diabetes?
- 3. Understanding Diabetes: High Blood Sugar
- 4. New Clinician Guidelines for Type-2 Diabetes
- 5. Protocol of Self-Healing to Reverse Diabetes
- 6. Healthy Eating helps Reverse Type-2 Diabetes
- 7. Fasting helps Reverse Type-2 Diabetes
- 8. Fresh Fruit helps Reverse Type-2 Diabetes
- 9. Ultra Processed Food Leads to Type-2 Diabetes
- 10. Animal Food Leads to Type-2 Diabetes
- 11. Type-2 Diabetes Reversal Sample Diet Plan
- 12. Is there hope in Reversal of Type-1 Diabetes
- 13. Reversal of Type-1 Diabetes: A Case Study
- 14. A1 Milk Connection with Type-1 Diabetes
- 15. The Vaccination Connection with Diabetes
- 16. The Tylenol Connection with Diabetes
- 17. Existing Problems with the Medical System

IS IT POSSIBLE TO REVERSE TYPE-2 DIABETES?

Are you saddened by the fluctuations in your blood sugar readings? Are you tired of taking various pills for diabetes? Have you been told that you must inject insulin for the rest of your life? Are you facing a lot of other health complications because of diabetes? Are you gaining or losing a lot of weight? Are you scared that your diabetes might cause you heart attack, kidney failure, or vision loss? Are you disheartened because you have been told that diabetes cannot be reversed? If the answer is yes for any one of these questions, then please read this book thoroughly because it will teach you the P.O.S.H. way to reverse type-2 diabetes within a matter of few weeks. It is called Protocol of Self Healing.



I know you might be thinking that how can diabetes be reversed. That's what we have been told right? We are told that diabetes comes, but never goes away. Pills increase, but the disease never leaves. This is the biggest myth of diabetes — that diabetes cannot be reversed. In reality, thousands of people have reversed their diabetes through the knowledge that we will share with you in detail in this book.

If your diabetes is cured, then you will never need to keep visiting doctors every month, never need to waste money on drugs again. You

will lose any excess weight you might be carrying. Your energy levels will go up significantly. The fear of diabetes complications sitting at the back of your mind will disappear.

People believe that diabetes is genetic, and they are destined to live with it. This is absolutely false. Your genes are not the cause of your diabetes. Our body surely has genes, but we can turn them on or off. So, what is it that turns them on or off? Your food and your lifestyle. [1] Whatever you eat decides how the genes react in your body. Your disease does not come from your genes, but from your kitchen. If the food of a child and his parents is exactly the same, then they might suffer from the same diseases as well. So, if genes are not the root cause of diabetes, then what is it? It is important to understand this before we discuss the protocol of self healing to reverse your diabetes.

If you really want to get rid of diabetes once and for all, then this is the practical solution that can work – removing the root cause, i.e., eliminating the waste inside our body. When we eat highly processed, refined, and packaged foods such as bread, noodles, chips, biscuits, ice creams, pizzas, etc. it is difficult for our body to digest and eliminate it. It is worsened when we adopt sedentary lifestyle and wrong eating habits. This undigested matter starts to stick on the walls of our intestines and forms a thick layer on them.

Whatever is stuck on the walls of our intestines, the intestines absorb it and spread it throughout our body. If there is waste stuck there, then our intestines will absorb this waste and spread it throughout our body. Then this waste reaches our pancreas duct and interferes with its functioning. Our pancreas fails to generate the right amount of insulin, or the produced insulin cannot be utilized properly due to insulin resistance. It is called type-2 diabetes.



So, when we clean this waste and start throwing these toxins out of our body, then diabetes automatically gets reversed. Whether anyone in your family has diabetes or not, no matter how long you have been suffering from it, by throwing this waste out of the body, by cleaning the body from the inside, you can reverse diabetes. Remember - a body that is clean from the inside shall not suffer from diabetes.



You may be thinking how can it be so simple? We have spent our whole lives struggling with it, and you're telling us that we can reverse it by simply cleaning our body? Yes, this science is that simple because it is true. The truth is never complicated. It is that simple. That's why thousands of people across the world are able to reverse their type-2 diabetes sitting at home. So, let us now try to investigate the cause of diabetes so that we can reach at the appropriate cure.

WHAT IS THE CAUSE OF TYPE-2 DIABETES?

Wherever there is a problem, there is an underlying cause of the problem. The solution to the problem is to remove the cause of the problem. To remove the cause of the problem, first we need to identify and understand the cause, isn't it? How can we reach the solution without understanding the cause of the problem?

COMMON STORY OF A TYPE-2 DIABETES PATIENT

If you have the symptoms of type-2 diabetes, and you go to a medical doctor, you will be asked to get tested for HbA1c, fasting sugar, random sugar, etc. After diagnosis, you will be advised to take a drug like Metformin to "manage" your diabetes. Most MDs will not inform you that type-2 diabetes can be fully reversed and cured within a few months. So, you take their advice and start consuming Metformin everyday and your sugar readings come in "normal" range on the glucometer.

After a few years, once again, the sugar readings start shooting above the normal range. You go to the MD, who then increases the dosage of the drugs and prescribes you a few more. After a few years, your diabetes turns into multiple health complications. You find yourself consuming 10-15 pills everyday, with your health declining each passing day.

A time comes when you start experiencing the chronic complications of diabetes like retinopathy, nephropathy, neuropathy, etc. You also experience the adverse effects of the drugs which you might not even recognize as you were never told about them. If you develop gangrene, or get heart attack, or brain stroke, you will be told to undergo surgery. Ultimately it will affect your kidneys. When you develop kidney disease, there will be recommendation for dialysis or kidney transplant. These both procedures are extremely costly in all respects, i.e., time, money, and health. And at this stage, it will be

more difficult to research for real cure and treatments. Soon, the patient will die a painful death surrounded by pills, machines, doctors, and hospital bills.

If type-2 diabetes can be fully reversed and cured within a few months, then why do diabetic patients suffer so much?

Well, did anyone talk about the root cause of diabetes in the above story? No! If you do not address the cause of your disease, how will you cure it? This is why the current medical system is failing because it never addresses the cause of the disease. It only focusses on symptom management. It does not focus on the cure. People hold a belief that the medical doctors have spent long years in the medical school, therefore, what the MDs tell should be accurate. It is assumed that MDs would give the best possible advice in matters of health and wellness. Unfortunately, people do not realise that the syllabus of the medical schools is designed to profit the pharmaceutical companies at the cost of public health.



For the pharmaceutical industry, a patient cured is a customer lost. No business wants to lose its customer. Rather they want to build more and more repeated customers. How do they achieve this goal? By injecting newborn children with toxic injections, called vaccines. This lays foundation of it. Then, they hijack the food supply. Processed, refined, chemical-loaded food is fed to the population. When people

fall sick, their diseases are termed incurable, and they are prescribed drugs for an indefinite period of time which generates more side effects. Every side effect increases the sales of another drug. Every drug sold is an investment. Every therapy produces side effects and generates repeated customers. It is a continuous profit generating model but at the cost of killing the general public. You must be feeling sad, but that's the truth.

Now, let us discuss the cause of type-2 diabetes in brief. It will help you understand the reason for your illness and suffering. It will give you hope that your illness can be reversed, and you can regain your lost health.

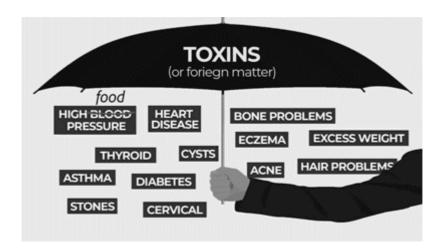


Let us take an example of a bonfire. The woods to be placed in the bonfire have some stored energy. To access that energy, the woods need to be burned. The process of burning would produce energy in the form of heat along with some waste in the form of ashes. These ashes are the residue of the process. A similar process can be observed in the human body. In the process, the body also produces ashes or wastes.

Imagine you picked up an orange and started eating it. Do you know what happens to the orange when it leaves your hand and enters your body? Well, that orange passes through your digestive system. The body keeps what it needs from that orange, and the residual waste is excreted through four detox channels of the body in the form of SUBS:



Now, because of our wrong food choices, wrong lifestyle, and environmental factors, our body and vitality undergo enervation. As a result, some of the detox channels are not able to work as efficiently as required to ensure smooth functioning of the body. As a result, the waste matter starts accumulating in the body. Accumulation of the toxic waste is the major cause of most chronic diseases. [2]



You are told that you have type-2 diabetes, hypertension, kidney failure, fatty liver, obesity, eczema, etc. but try to understand that these are different names given by the medical industry to the variety of symptoms that appear due to the accumulated toxic waste in various parts of the body. The waste can be stored near the brain, heart, lungs, etc. causing organ specific diseases. If the waste is stored near the blood vessels of the heart, then the disease will cause suffering to the cardiac cells. Similarly, if the waste is stored near the kidney, then

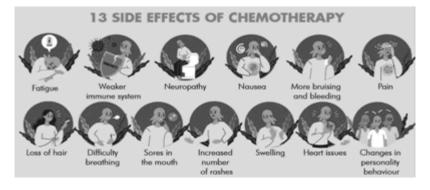
the kidney cells will not have adequate access to oxygen and the cells will start dying. This will result in kidney disease or in critical conditions, kidney failure. The underlying cause remains the same, i.e., accumulation of wastes.

This waste can be called excess sugar, excess mucous, excess creatinine, excess uric acid, excess urea, excess sodium, excess cholesterol, excess bilirubin, excess fat, excess calcium, etc. and respective names of the diseases are given according to the symptoms.

As the amount of waste being produced and stored in the body is more than the amount of waste being eliminated, over a period of time, all the organs get affected by disease due to the interconnectedness of the human body. Therefore, the inability of the body to eliminate excess waste leads to illness. [3] So, we have identified the cause of the problem now.

The real solution of any problem lies in eradicating the cause of the problem. Similarly, the cure of modern chronic diseases like type-2 diabetes lies in the elimination of the excess waste through a natural systematic detox. People think that big problems would need big solutions, and in this belief, they even agree to undergo most toxic treatments and therapies like chemotherapy with a hope to beat cancer. [4] This toxic therapy does not improve the health of the patient but degrades the immune system to such an extent that some of the patients can't even survive the therapy itself.

Cancer can be naturally reversed but this is never informed to the patients. Contrary to that, the patients are poisoned with chemicals and radiation (chemotherapy and radiotherapy) with a false notion of beating cancer. Even the cancer diagnostic tools like biopsy, mammography, PET Scan, etc. are injurious to health and may lead to severe complications. No one in my family undergoes such health-threatening diagnostic scans or medical procedures.



We must understand that the solution to these chronic diseases including type-2 diabetes does not need an ultra-scientific approach but just common sense which is quite uncommon in today's time. Let us understand this with the help of an analogy.

AQUARIUM ANALOGY

Imagine that you are a caretaker of an aquarium. You love and take care of the fish inside. Despite of all your care, the water in the aquarium gets polluted after a period of time. As a result, a fish falls sick. Now think yourself what would you do if you or a member of your family fell sick? You would visit the doctor! So, you decided to take the sick fish to a medical doctor.



The doctor upon examining the fish gave some tablets and told that the fish must take it for a week, and it will be cured from the disease. You became happy when the fish started recovering. Since the water was still polluted, after some days the fish fell sick again.

This time, the symptoms were a little more serious. You did not want to take any risk. So, you decided to take the fish to the best hospital of

the city. The doctor advised you to admit the fish in the hospital for a few days. Some injections and drugs did the magic again. The fish recovered and got discharged from the hospital. You again dropped the fish into its house, i.e., aquarium. But again, after a few days the fish got seriously ill. This time the general physician referred him to a specialist and upon testing, the specialist revealed that the fish is diabetic and must take metformin two times a day for the rest of its life and everything will be perfect. You trained the fish to follow the doctor's advice religiously. Despite all the best efforts from fish and you, after some time the fish fell sick again!

So, the question is "what is the cause of the illness"? What do you do now? Where is the problem? By now you must have understood the moral of the story. The problem was never in the fish! It was the polluted water! You simply must change the water. Even the best doctor of the world will not be able to cure the fish if it continues to live in the polluted water. Trying to cure the fish without changing the water is like chasing a mirage. Every time it will appear that the cure is nearby, but you will never be able to achieve it. In this process, you will drain your health and wealth.

For example, diabetes type-2 is not a disease in which you require the knowledge of advanced microbiology to solve the problem. It is just a specific homeostatic condition of the body which can be corrected with a reform in diet and lifestyle. In case of type-2 diabetes, the accumulated toxins interfere in the production, utilisation, and functioning of insulin hormone. The digestive system, including liver and pancreas are affected. Once we modify our diet and lifestyle based on the protocol of self healing, we can experience the reversal of type-2 diabetes in a few months.

AIRPORT ANALOGY

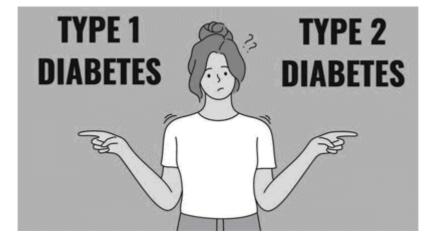
Let's take the analogy of an airport. Imagine that your body is an airport and the passengers entering the airport are the carbohydrates or sugar that you eat. Now all the passengers called carbohydrates or glucose need to be transported to their respective aircraft, that is the various cells of the body. The activity of transportation will be facilitated

by the bus (the insulin of the body).



Under normal conditions, there is a regular flow of passengers (the food) and simultaneously the passengers are transported with the arrival of a fleet of buses (insulin) to the respective aircraft (the cells of the body). The whole system works in harmony. This is called homeostasis of the body or in this specific case glucose homeostasis of the body.

Now imagine that everything is perfect in the airport except the fact that the supply of buses (insulin) is stopped. What will happen? The passengers (food) will get crowded at the terminal of the airport whereas the aircraft will be waiting empty, craving for the passengers. This condition is called type-1 diabetes, where the body stops producing insulin (the bus). This means the airport authorities must outsource the bus services. That means a patient suffering from type-1 diabetes must take insulin from an external source every time he eats food.



Now imagine that there is a regular supply of buses (insulin), but the door of the bus remains either fully closed or partially open, making it difficult for the passengers to get in. This means a smaller number of passengers will be transported to the aircraft, that too, at an extremely slow pace. This condition is referred to as type-2 diabetes, where the body is producing and supplying insulin (bus), but it is not doing its job effectively. This means that the airport authorities must hire some technicians and place them at the site of the terminal gate so that the technicians may help in opening the bus gate, to make the transportation of the passengers smooth. That's what diabetes drugs like Metformin do. They potentially increase the sensitivity of the insulin so that it may work effectively and let the glucose molecules inside the cells.



But the story is not over here. Try to understand, in both the above conditions it is a burden on the airport authorities as they must either outsource the bus or hire the technicians on a continuous basis. That's what you can relate with the side effects of insulin or diabetes medication such as blindness, amputation, kidney damage, heart attack, and brain stroke. I have helped 100s of people reverse type-2 diabetes through protocol of self healing. Within few weeks of adopting this protocol, the blood glucose readings start stabilizing and within a few months, my clients are able to maintain normal blood sugar readings without taking any drugs like metformin or injections of insulin.

UNDERSTANDING DIABETES: HIGH BLOOD SUGAR

Blood functions like a transportation system in the body. It transports oxygen, sugar, nutrition, and waste material. The way a transportation system is spread in our city or town, in a similar fashion, a transportation system is spread in our body. To run the transport system efficiently, there is a management system which controls the sugar level. If there are a greater number of vehicles in the city, the transport system will become slow. In the same way, if the level of sugar increases in our body, the transportation system of our body becomes slow, resulting in the slow movement of nutrition, oxygen, waste material - thereby affecting the heart, kidney, eyes, liver - in fact all the organs of the body. Some organs would be affected immediately while some will be affected later. This will in turn lead to heart disease, kidney failure, vision loss, etc. and all this is termed as diabetes and its complications. Having a normal range of blood sugar is important. If the level of sugar in the blood goes above a normal limit, it can cause health complications.



Here, the question arises, how much blood sugar is normal? We must know about the normal level of blood sugar. Until 1979, it was known that the blood sugar should be normal but how much sugar should be considered normal was not known. A reading was given in 1979 by

National Diabetes Data Group that below 200 mg/dl should be considered normal sugar as it was seen that those who had sugar more than 200 mg/dl were the ones who were often sick.

1997. American Diabetes Association ln and World Health Organization declared that 126 mg/dl is normal fasting sugar. In 2003. American Diabetes Association said that having blood sugar above 100 mg/dl is pre-diabetic. In 2010, more criteria were added - fasting, postprandial, HbA1c. Where did the present figures come from? Have you ever asked the doctor about it? There is no evidence to prove that these figures are a standard. [5]

Lowering the Cut Point for Impaired Fasting Glucose

Where is the evidence? Where is the logic?

DAVID L. SCHRIGER, MD, MPH^{1,2} BRETT LORBER, MD, MPH¹

irst a disclaimer, neither of us is a diabetologist, endocrinologist, or incare to people with diabetes. Our only the people with diabetes of the diabetes is our willingness to think logically and our conviction that the goal of guidelines and policies must be to optimize patient outcomes. From this perspective we are befuddled by the Expert Committee's (1) decision to lower the cut point for impaired fasting glucose (IFG) from 110 to 100 mg/dl. In this commentary we explain why.

With the publication of the Expert Committee's report (1) in Diabetes Care in

than those with a level below 100 mg/dl; and 2) the desire to have the IFG popula-tion have greater homology to the impaired glucose tolerance (IGT) popula-tion. The first argument fails because identifying those at higher risk in no way insures that their health will be improved (there might not be an effective treatment). The second fails because there is no biological or epidemiological reason why IFG should match IGT. Thus, the Expert Committee fails to offers compeling instification for lowering the cut ling justification for lowering the cut point to 100 mg/dl since they do not es-tablish that the lower cut point will im-prove the health of the population. The for the choice to "buy" of minus 20 cents. The choice "don't buy" has a single outcome that has a probability of 1,0 and a net benefit of zero dollars. Thus, if the decision to buy the ticket was purely economic, the rational decision maker would not buy a ticket. One could expand this analysis to account for other values—the thrill of participating in the lottery, the knowledge that the proceeds of the lottery would benefit a charity—but the principle remains the same; one cannot choose a preferred option unless one knows both the probability that each outcome will occur and the value of each outcome.

the probability that each outcome will oc-cur and the value of each outcome. We Expert Committee members were confronted with a similar choice. Should they lower the cut point for IFG to 100 mg/dl or leave it at 110 mg/dl? (They could have changed it to other values, but we consider this binary choice in the

In China, when diabetic population determination was carried out; approximately 3.5% came out to be diabetic with 200 mg/dl upper limit given by NDDG. Whereas half of the population was diabetic with 140 mg/dl upper limit given by ADA. Which one is correct?

	DIA	BETES	% of Diabetes (in China)
	NDDG (1979)	>200 mg/dl	3.5%
	ADA (1997) WHO (1999)	>126 mg/dl (fasting)	8%
\//	ADA (2003)	>100 mg/dl	27%
	ADA (2010)	>140 mg/dl (P.P) >100 mg/dl (fasting) > 5.6% (HbA1c)	50.1% (JAMA)

How to know if a person might have diabetes?

There are two ways to diagnose:

- 1. Checking the blood sugar reading in a glucometer.
- 2. Physical observation of the symptoms.

Both the points are important to diagnose type-2 diabetes. Diagnosis should never be based on numbers alone. Blood sugar reading is just a number that one can see on the glucometer. That reading might not give you the full idea of the situation. The symptoms are equally important, i.e., frequent urination, excessive thirst, sudden weight loss, excessive hunger, blurred vision, fatigue, numbness in hands or feet, etc.



As same shoe size cannot fit all the people, similarly, one fixed sugar

reading cannot be applicable for all. A person's random blood sugar at some point may be 210 mg/dl, still he may be healthy. More than you, nobody can say anything about your health - no monitor, no machine, and no doctor. Suppose you have a headache, which MRI can show that you have a headache? You yourself will feel the headache. If a doctor says you don't have any problem in the blood reports, but you feel a problem and pain in the body, then whom would you listen to? Similarly, the glucometer reading is not valid unless symptoms are attached to it. A machine might give you a reading or a number but that reading might be misleading sometimes. If you start taking medicine based only on that reading, you have already chosen a path to illness and suffering.

NEW CLINICIAN GUIDELINES FOR TYPE-2 DIABETES [6]

American College of Physicians (ACP) released new guidelines for type-2 diabetes in 2018. It shows that trying to control blood sugar with medication/insulin may give you a desirable blood sugar readings but at the cost of making you more sick and increasing the chances of death.

■ Guidance Statement 1: Clinicians should personalize goals for glycemic control in patients with type 2 diabetes on the basis of a discussion of benefits and harms of pharmacotherapy, patients' preferences, patients' general health and life expectancy, treatment burden, and costs of care.

ACCORD TRIAL			
Group 1: HbA1c < 6%	Group 2: HbA1c < 8%		
Blood Sugar (Calculated) <150 mg/dl <8.3 mmol/l	Blood Sugar (Calculated) <228 mg/dl <12.7 mmol/l		
Outcome: 22% more deaths in	Group 1 (Intensive medication)		

Comments: This guideline is based on the ACCORD Trial. [7] Intensive glycemic control was associated with a 22% increase in all-cause mortality, a 35% increase in cardiovascular related death, and a 3-fold increase in risk for severe hypoglycemia. More intensive treatment also resulted in increased weight gain of more than 10 kg and increased fluid retention. Therefore, trying to control blood sugar with intensive medication may result in lowering blood sugar and achieving a target of HbA1c below 6% but at the cost of at least 22% increase in risk of death in the same period. Therefore, high blood sugar is bad but

trying to lower blood sugar with medication might be worse.

♣ Guidance Statement 2: Clinicians should aim to achieve an HbA1c level between 7% and 8% in most patients with type-2 diabetes.

Comments: The above guidelines are based on the results of UKPDS Trial and VADT Trial where it was seen that, maintaining the HbA1c target less than 8% is much beneficial for the patients in comparison to trying to achieve a target of HbA1c less than 6% with intensive drug therapy.

➡ Guidance Statement 3: Clinicians should consider deintensifying pharmacologic therapy in patients with type-2 diabetes who achieve HbA1c levels less than 6.5%.

Comments: No trials show that targeting HbA1c levels below 6.5% in diabetic patients improves clinical outcomes, and pharmacologic treatment to below this target has substantial harms. The ACCORD trial, which targeted an HbA1c level less than 6.5% was discontinued early because of increased overall and cardiovascular related death and severe hypoglycemic events. In addition, more intensive treatment to achieve a lower target is more costly and is associated with increased patient burden. Therefore, if a patient achieves an HbA1c level less than 6.5%, the clinician should deintensify treatment by reducing the dosage, removing a medication if the patient is receiving more than 1, or discontinuing pharmacologic treatment.

Note: HbA1c of 6.5% translates to 170 mg/dl or 9.4 mmol/lt. This means while on diabetes medication/insulin, if your average blood sugar drops below 170 mg/dl or 9.4 mmol/lt, then it is advisable to taper down the medication/insulin. [8]

→ Guidance Statement 4: Clinicians should treat patients with type 2 diabetes to minimize symptoms related to hyperglycemia and avoid targeting an HbA1c level in patients with a life expectancy less than 10 years due to advanced age (80 years or older), residence in a nursing home, or chronic conditions (such as dementia, cancer, end-stage kidney disease, or severe COPD or congestive heart failure) because the harms outweigh the benefits in this population.

	VADT	TRIAL
	Group 1: HbA1c < 6.9%	Group 2: HbA1c < 8.4%
•	Slood Sugar (Calculated) <185 mg/dl <10 mmol/l	Blood Sugar (Calculated) <244 mg/dl <13.5 mmol/l
:	utcome in Group 1 (intensivo More Hypoglycemic episodo More breathing difficulties More impaired consciousne:	es

Comments: This guideline is based on VADT Trial. [9] It was seen that trying to control the blood sugar levels with medication/insulin among the patients older than 60 years and especially with chronic conditions like heart diseases, COPD, cancer, and dementia, led to increased risk of death and other adverse effects. Achieving more intensive target HbA1c levels of 7.5% or below rather than 8.5% (especially if using insulin) resulted in net harm in most patients. So, for patients older than 60 years, medication or insulin should be given if it leads to symptomatic relief like reduction in frequency of urination, lessening of fatigue, etc.

PROTOCOL OF SELF HEALING TO REVERSE DIABETES

Protocol of Self Healing takes support of the *prana shakti*, i.e., Life Force granted by Almighty Creator to us. This Life Force can be utilized for self-repair and detoxification. You must be wondering, what is this Life Force? Think about it. What makes the human body function in an orderly coordinated manner? What makes every human cell work towards the ultimate welfare of man? What enables the maintenance of a symbiotic relationship among the different systems in the human organism? It is the Life Power, or you may call it vital force. It is given to us by our Creator.



It is this Life Power that enables the zygote in the mother's womb (formed immediately after conception) to grow into a child, capable of living independently in the world. It is this Life Power that enables the infant to grow and maintain its stages of maturation and ultimately turn into an adult male or female. [10]

It is this Life Power that enables the digestive organs to work in a systematic way, allow the digested parts of the food to be assimilated in the human body, and get eliminated as per requirements. It is this Life Power that flows through the nervous system all 24 hours of the day, maintaining the normal body temperature, enabling every organ inside the body to do its functions.

It is this Life Power that maintains the structural integrity of the organs and the functional efficiency of the different systems within the body. Corrective steps are automatically set in motion to restore homeostasis by this Life Force. It is this Life Power that activates the intellect of an individual to analyze the facts and make decisions based on foresight and critical thinking.

It is this Life Power that activates the powers of analysis, judgment, comparison, and decision, that makes the individual mature at the mental level, making him an asset for the society. It is this Life Power that enables the eliminatory organs to eliminate all unwanted stuff and maintain the internal cleanliness to function at the optimum level of health. It is this Life Power that brings on short spells of acute diseases like fevers, colds, etc. in order to restore him back to optimum health.

It is this Life Power that is making constant efforts to reverse chronic and advanced chronic diseases back to optimum health, when the person is willing to adopt a healthy diet and lifestyle. This Life Power can be utilized and redirected towards healing and detoxification through the protocol of self healing. But how can we re-direct this life power towards healing? Let us understand with the help of an example: Think of your body as a portable mobile charger. If you try to charge three phones at a time, none of them will charge efficiently. But if you charge only one phone at a time, it'll charge quickly. Why? Because the charger has a limited source of power to distribute. It will charge more efficiently when it is charging one phone at a time.



Similarly, every morning when you wake up, you get a limited source

of energy. Every activity you perform - talking, walking, thinking, etc. consumes a little of this energy. By the evening, you feel tired because all of this energy has been consumed. When you sleep, you recharge yourself. When you eat something, your body's energy gets diverted into digesting it, leaving little for other tasks. It is said that a great expenditure of energy occurs in the work of food digestion. It is said to take up to 70% of your body's energy. That's why you feel sleepy after eating a heavy grain meal. Your body is focusing on digestion and any activity you perform along with it might lead to slower digestion.

The fact of the matter is that your body can either spend the majority of the energy to digest or heal. If your body is digesting food all the time, it cannot heal properly. When you modify the quality and quantity of the food you eat, you conserve the energy from fully going into digestion and divert it into healing. In the healing state, it cleans your liver, your pancreas, kidneys, colon, purifies your blood, helps you lose weight, flushes out the toxins and even reconstructs old scar tissue.

Timely elimination of toxins from the body is essential for the maintenance of health. If the toxins are not timely eliminated, they are stored inside the body in the form of tumors, cysts, plaque, mucus, etc. and create various forms of diseases as discussed in the first chapter. Now, let us understand the metabolic process that takes place in the body with the help of an example of a regular washing machine.

WASHING MACHINE ANALOGY [11]

Imagine you are a washing machine. And this washing machine has three mini cycles, within each complete cycle there are three steps:

- 1. Fill and wash
- 2. Rinse
- 3. Spin

Let's take a look at what happens in a washing machine in regard to these mini cycles: If you allow the washing machine to complete three mini-cycles, your clothes will be bright, clean, and fresh.

If you stop the washing machine just before the spin, the clothes

remain soaking wet. When they dry, they remain somewhat dirty from the retained water. If you stop the washing machine after it finishes the wash cycle, the clothes remain full of detergent and dirt. Therefore, if you skip one or more of the mini cycles, your clothes will be less clean than you expect. You can blame this deficiency on your washing machine, but of course you are responsible for it.

Similarly, the following mini cycles are a part of your body's functioning and overall metabolic process:

- 1. Digestion
- 2. Assimilation
- 3. Elimination

What does this have to do with the cycles of digestion, absorption, and elimination? Every time you eat a meal, a significant portion of your body's energy shifts from whatever it was doing, to digesting the food that has entered your stomach. When your body finishes digesting the food, it shifts its energy to absorption. Having completed that, the body's energy proceeds to eliminate waste. All of this works wonderfully unless you eat before the body has finished absorbing or eliminating your most recent meal. When you eat before the most recent meal has been "processed" completely, the body shifts its energy to address the new food. The overall processing does not happen at the optimum level, and it leads to an unnecessary production of toxins in the body which causes metabolic disorders like type-2 diabetes and obesity. Therefore, we need to understand the functional process in our body and adopt such a diet and lifestyle which does not create an obstacle in the path of our body's functioning.

Fortunately, the body is very efficient and resilient. It has a powerful will to live. It has an incredible reserve of vital force to maintain relatively good health even when you impede it from fulfilling its natural functions. It usually takes years of abuse to render the human body incapable of rectifying the unhealthy habits that have been imposed upon it.

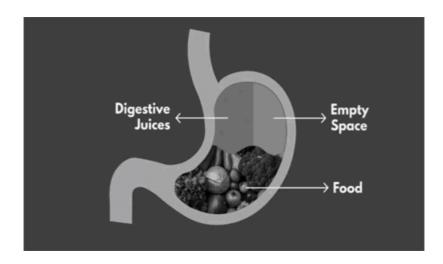
HEALTHY EATING HELPS REVERSE TYPE-2 DIABETES

1. Do Not Overeat:

Overeating is one the biggest mistakes people make while eating food. Immoderation in matters of diet — either eating too much in every meal or eating too often — leads to deterioration of health and reduces the quality of life. We must always leave the table a little hungry. Many cultures have rules that tell you to stop eating before you are full.

If you fill a blender till the top, would it be able to blend? No, because it needs some empty space to twist and turn the ingredients inside. Similarly, if you fill your stomach till the top, will it be able to break down and digest your food properly? No, because it needs empty space to release and mix digestive juices with the food and allow for the expansion and contraction of the stomach.

Even wholesome food, if eaten in excess, becomes toxic for the body. Therefore, it is a good observation to never eat more than 3/4th of your capacity. For example, if your hunger is for 4 chapatis, then eat only 3 of them. If you have hunger for 3 bowls of rice, then eat only 2 bowls. If you feel that you can eat 4 bananas at once, then eat only 3 and so on.



2. Only Eat when Hungry:

We should eat when we feel true hunger, after the last meal has been digested, absorbed, and eliminated. When we eat a new meal while our body is still assimilating or eliminating the previous meal, we cause stress on the digestive organs because it is aware that it has not finished its task from the last meal yet has another job requiring immediate attention. So, the body deals with both meals incompletely, thus generating both excess stress and unnecessary waste. Most people in the world have pounds of undigested waste stored in their bodies. If you would simply stop eating, the body would be able to finish the work that it began. Of course, we advise this within reason. If you are underweight, consistent nutrition is important. Please use your wisdom and good judgment to make the best decision for yourself.

3. Always Eat in a Relaxed State:

We are not machines. We are a confluence of the body, mind, and soul. We should make sure to eat when our body and mind are relaxed. It's best not to eat when we're upset, angry, agitated or in a hurry. Food eaten in such conditions is usually not properly digested because more of our vital energy is being used to handle mental stress. As a result, less energy will remain to carry out the bodily functions, namely digestion. What we don't digest properly often turns into bacterial fermentation, toxic filth, or unwanted fat. Make sure you are seated properly, preferably sit down cross legged on the floor, and take the time to enjoy your meal in a relaxed state while being grateful to the Almighty for the food.

4. Chew Properly:

You should chew each morsel of food so well that it gets broken down into small particles and is mixed well with the saliva. Better chewing results in greater addition of saliva to the food, which makes it easier for the stomach to digest it. However, if we do not chew the food properly, it may lead to indigestion as the functions of teeth cannot be performed by the stomach. We must ensure that we chew food so well that it becomes liquid-like in the mouth itself.

What can we do to activate the protocol of self healing?

There are several points to activate self healing in your body, many of these will be discussed in this book. One of the points is to follow Intermittent Fasting (also called 14-16 hours fasting). During intermittent fasting, you eat within a span of 8-10 hours, and fast for 14-16 hours every night. This would give your digestive system not only adequate time to finish the cycles, but also adequate time to heal thereafter. When you do intermittent fasting, your body will digest and absorb food within 5-6 hours (depending on the quality of your food). Once digestion is complete, what does it start focusing on? It focuses on healing. In the healing state, it rebuilds old tissue, burns fat cells, fades old scars, and cures your disease.

We've always been told that we should eat every few hours, eat something throughout the day, because if we don't eat, then how will we be able to "maintain" our sugar levels? This is not wrong if you want to maintain diabetes for your entire life. But if you want to reverse your diabetes, then it can't happen without fasting. But don't worry at all. It is not necessary to go on a full-on fast program, doing an intermittent fasting for 14-16 hours will also work. It is extremely beneficial as well as gradual, safe, and easy. This has been demonstrated by research in mainstream science. But, before we read the scientific data about reversal of type-2 diabetes through protocols of fasting, let's explore the rationale for doing a fast. How does a fast help us to reverse our disease? Let's discuss about it.

Most of the people eat something at least 6-8 times throughout the day. When we eat food, our body gets focused on digestion, assimilation, and elimination of that food. And when we are always eating every few hours, then our body is always trying to digest, assimilate, and eliminate that food. It is constantly trying to perform the above functions. As a result, it is unable to dedicate time on cleaning the body. Remember — your body cannot focus on cleaning and digestion at the same time. Whenever your digestion mode is on, then the cleaning will be slowed down. Whenever your digestion mode is off, whenever you fast, then the body will focus on cleaning. So, if we

wish to activate self healing then we will need to stop consuming excess food and give the body the time and rest to heal, repair, and detoxify itself.



Imagine there's a road which has cars running day and night. If you have to do any repair work in the middle of the road, then what do you have to do first? You have to stop the cars on the highway. It's not possible for the cars to keep moving and doing the repair work simultaneously right? Ditto same is the mechanism inside your body. If you want to do any repair work inside your body, then you have to stop the cars, i.e., the food you consume every few hours every day.

This is what we do through 14-16 hour fasting. If you eat dinner at 6 pm in the evening, then do not eat anything till 10 am the next day. At 10 am, you can have the first solid meal of the day. So basically, you will be fasting for 14-16 hours in a day and eating within an 8-10 hour window. Before 11 am, you can consume liquids. Liquids can include water, coconut water, any light herbal decoction, or a vegetable juice.

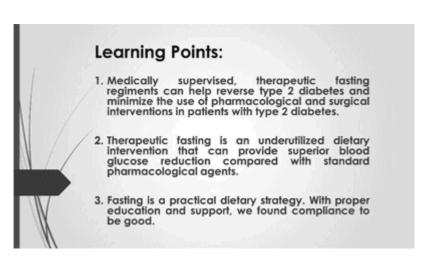
Now let's understand how you can benefit from 16 hour fasting. If your dinner is light, then it will digest within 6 hours. And for the next 10 hours, your body can do its cleaning work, which will be the body's cleaning hours. In this time, all the waste sitting inside your body including your pancreas is being removed. Your self healing power helps your pancreas to regenerate. If there's any waste or any other disease sitting inside the body, it is taken out as well. If you have excess weight, then you will lose that. Your sugar levels will start stabilizing, and your need to consume drugs and insulin will reduce



FASTING HELPS REVERSE TYPE-2 DIABETES

♣ S. Furmli "Therapeutic use of intermittent fasting for people with type 2 diabetes as an alternative to insulin" BMJ Case Reports (2018) [12]

Description: This was a case series of 3 patients who reversed diabetes with fasting. It showed that 24-hour fasting regimens can significantly reverse or eliminate the need for diabetic medication. The primary intervention used in this case series was dietary education and medically supervised therapeutic fasting. Patients were closely monitored medically and instructed to stop fasting immediately if unwell for any reason. All patients followed similar dietary regimen. Patients 1 and 3 followed alternating-day 24-hour fasts, and patient 2 followed the triweekly 24-hour fasts schedule. On fasting days, the patients only consumed dinner, whereas on non-fasting days the patients consumed lunch and dinner. Target daily blood sugars were <10 during the initial insulin-weaning phase and <7 thereafter.



There were five outcome measures in this case series:

- 1. Time to discontinuation of insulin.
- 2. Fasting blood glucose.

- 3. Serum A1C level (%, mmol/mol).
- 4. Patient weight (kg).
- 5. Patient waist circumference (cm).

Findings: the most noteworthy outcome from this case series is the complete discontinuation of insulin in all three patients. both patients 2 and 3 discontinued all diabetic medications entirely. patient 3 discontinued three out of four medications post fasting regimen. all three were able to discontinue their insulin. the minimum number of days to discontinuation of insulin was 5 and the maximum was 18. further, all patients improved in multiple other clinically significant health outcome measures, such as hba1c, body mass index and waist circumference. no symptomatic episodes of hypoglycaemia were reported in any of the patients.

A. Obermayer "Efficacy and Safety of Intermittent Fasting in People With Insulin-Treated Type 2 Diabetes (INTERFAST-2)—A Randomized Controlled Trial" Diabetes Care (2023) [13]

Description: To investigate the safety and feasibility of 3 non-consecutive days of intermittent fasting (IF) per week over 12 weeks in participants with insulin-treated type 2 diabetes. Forty-six people were randomized to an intermittent fasting or control group. Dietary counseling and continuous glucose monitoring was provided. Coprimary end points were the change in HbA1c from baseline to 12 weeks and a composite end point (weight reduction \geq 2%, insulin dose reduction \geq 10%, and HbA1c reduction \geq 3 mmol/mol).

Results: The intermittent fasting group showed a significant HbA1c reduction compared with the control group over 12 weeks. The coprimary end point was achieved by 8 people in the IF group and none in the control group. No severe hypoglycemia occurred. Intermittent fasting is a safe and feasible dietary option to ameliorate glycemic control while reducing total daily insulin dose and body weight in insulin-treated people with type 2 diabetes.

♣ P. Tagde "Multifaceted Effects of Intermittent Fasting on the Treatment and Prevention of Diabetes, Cancer, Obesity or Other

Chronic Diseases" Current Diabetes Reviews (2022) [14]

Methods: We searched case series and clinical trials on type 2 diabetes, insulin resistance, cancer, thyroid, cardiovascular disease, or other inflammatory diseases in response to intermittent fasting in the PubMed, Medline, and Google Scholar databases.

Conclusion: Intermittent fasting successfully reversed diabetes, thyroid, and high blood pressure, elevated lipid levels, and maintained the body mass index; also, studies have shown that it has been instructed to be followed for the treatment and prevention of cancer and neurodegenerative diseases.

M. Albosta "Intermittent fasting: is there a role in the treatment of diabetes? A review of the literature and guide for primary care physicians" Clinical Diabetes and Endocrinology (2021) [15]

Methods: We searched PubMed, Ovid Medline, and Google Scholar databases for review articles, clinical trials, and case series related to type 2 diabetes, insulin resistance, and intermittent fasting. Articles were carefully reviewed and included based on relevance to our topic.

Results: The majority of the available research demonstrates that intermittent fasting is effective at reducing body weight, decreasing fasting glucose, decreasing fasting insulin, reducing insulin resistance, decreasing levels of leptin, and increasing levels of adiponectin. Some studies found that patients were able to reverse their need for insulin therapy during therapeutic intermittent fasting protocols with supervision by their physician. Current evidence suggests that intermittent fasting is an effective non-medicinal treatment option for type 2 diabetes.

FRESH FRUIT HELPS REVERSE TYPE-2 DIABETES

All of my diabetic clients eat fruits everyday including mangoes, bananas, watermelon, etc. and all of them experience better health by following a plant-based whole food diet with ample amounts of fresh fruits, vegetables, nuts, grains, seeds, and sprouts. One of my clients from Punjab fully reversed his type-2 diabetes in just four weeks by consistently following the Protocol of Self Healing. His daily fruit consumption included about 500 gm to 1000 gm of seasonally grown fresh mangoes. It is a myth that fruits are harmful for diabetes. The reality is that fruits are extremely beneficial for all diabetes patients and must be regularly consumed. This has been validated in medical science in large epidemiological studies.

H. Du "Fresh fruit consumption in relation to incident diabetes and diabetic vascular complications: A 7-y prospective study of 0.5 million Chinese adults" PLOS Medicine (2017) [16]

Description: Over 500,000 Chinese adults were recruited from ten diverse areas across China between 2004 and 2008. Participants completed a detailed questionnaire interview and underwent physical measurements and blood tests, with their health tracked subsequently for 7 years.

Fruits Consumption and Diabetes (2017)

- Daily consumption of fresh fruits was associated with a 12% lower relative risk of developing diabetes compared to never or rarely consuming fresh fruits.
- Consuming fresh fruits more than three days a week was associated with a 17% lower relative risk of dying from any cause in the same period.
- Consuming fresh fruits more than three days a week was associated with 13% - 28% lower risk of developing diabetes-related complications like heart disease, brain stroke, kidney disease, eye disease, and neuropathy.

Discussion: To our knowledge, this is the first large prospective study demonstrating inverse associations of fruit consumption with both incident diabetes and diabetic complications. These findings suggest that a higher intake of fresh fruit is potentially beneficial for primary and secondary prevention of diabetes. For individuals who have already developed diabetes, restricted consumption of fresh fruit, which is common in many parts of the world, e.g., China and other Asian countries, should not be encouraged.

Conclusion: In this large epidemiological study in Chinese adults, higher fresh fruit consumption was associated with significantly lower risk of diabetes and, among diabetic individuals, lower risks of death and development of major vascular complications.

Is the consumption of fruit juice harmful for diabetics?

No! Fresh fruit juices do not harm diabetic patients. This has been demonstrated in the latest systematic review and meta-analysis providing a comprehensive, quantitative assessment of the relationship between 100 % fruit juice and measures of glycemic control. Results from this meta-analysis of eighteen RCTs show no significant effect of 100 % fruit juice on fasting blood glucose, fasting blood insulin, insulin resistance, or HbA1c. This shows that fruits juices can be consumed by diabetic patients without any fear of risk of complications.

➡ M. Murphy "100% Fruit juice and measures of glucose control and insulin sensitivity: a systematic review and meta-analysis of randomized controlled trials" Journal of Nutritional Science (2017) [17]

Findings: Findings from this meta-analysis of RCT suggest a neutral effect of 100 % fruit juice on glycemic control. These findings are consistent with findings from some observational studies suggesting that consumption of 100 % fruit juice is not associated with increased risk of diabetes.

ULTRA PROCESSED FOOD LEADS TO TYPE-2 DIABETES

Unprocessed or minimally processed foods are whole foods in which the vitamins and nutrients are still intact. The food is in its natural (or nearly natural) state. These foods may be minimally altered by removal of inedible parts, drying, crushing, roasting, boiling, freezing, etc. to make them suitable to store and safe to consume. Examples of unprocessed or minimally processed foods include carrots, apples, melon, mangoes, unsalted nuts, etc. Processing changes a food from its natural state. Processed foods are essentially made by adding salt, oil, sugar, or other substances. Examples of processed food include canned ketchup or canned vegetables, fruits in syrup, breads, etc. Most processed foods have two or three ingredients.



Some foods are highly processed or ultra-processed. They most likely have many added ingredients such as sugar, salt, fat, and artificial colors, or preservatives. Ultra-processed foods are made mostly from substances extracted from foods, such as fats, starches, added

sugars, and hydrogenated fats. They may also contain additives like artificial colors and flavors or stabilizers. The purpose of ultra-processing is to create products that are ready-to-eat, attractive, and profitable (cheap ingredients). They are intensively branded, packaged, and marketed. Examples of these foods are frozen meals, soft drinks, ice cream, crisps, biscuits, packaged cookies, cakes, and salty snacks.

According to a study published in the British Medical Journal, ultra-processed foods are the main source of about 60% calories eaten in the US [18], while people in Canada consume almost 50% of their daily calories from ultra-processed foods [19], according to recent research by Heart & Stroke. That means almost half of the food you eat every day has been significantly changed from its original state, with salt, sugar, fat, additives, preservatives and/or artificial colours added. What you eat has a big impact on your health, and ultra-processed foods like candy, soft drinks, pizza, and chips do not contain enough of the beneficial nutrients that the body requires. The more ultra-processed foods you eat, the poorer the overall nutritional quality of your diet.

R. B. Levy "Ultra-processed food consumption and type 2 diabetes incidence: A prospective cohort study" Clinical Nutrition (2021) [20]

Results: A total of 21,730 participants with a mean age of 55.8 years and mean Ultra Processed Food (UPF) intake of 22.1% at baseline were included. During a mean follow-up of 5.4 years, 305 incident Type 2 Diabetes (T2D) cases were identified. In the fully adjusted model, compared with the group in the lowest quartile of UPF intake, the hazard ratio for T2D was 1.44 in the group with the highest quartile of UPF consumption. A gradient of elevated risk of T2D associated with increasing quartiles of UPF intake was consistently observed. A significantly increased risk of T2D was observed per 10 percentage points increment in UPF consumption.

Conclusions: Our findings demonstrate that a diet high in UPFs is associated with a clinically important increased risk of T2D. Implementing effective public health actions to reduce UPF consumption in the UK and globally are urgently required.

➡ M. Lane "Ultra processed food and chronic noncommunicable diseases: A systematic review and meta-analysis of 43 observational studies" Obesity Reviews (2021) [21]

Description: This systematic review and meta-analysis investigated the association between consumption of ultra processed food and noncommunicable disease risk, morbidity, and mortality. Forty-three observational studies were included (N = 891,723).

Meta-analysis demonstrated consumption of ultra processed food was associated with increased risk of overweight (odds ratio: 1.36), obesity (odds ratio: 1.51) abdominal obesity (odds ratio: 1.49), all-cause mortality (hazard ratio: 1.28), metabolic syndrome (odds ratio: 1.81) and depression in adults (hazard ratio: 1.22) as well as wheezing (odds ratio: 1.40). In addition, consumption of ultra processed food was associated with cardiometabolic diseases, frailty, irritable bowel syndrome, functional dyspepsia, and cancer (breast and overall) in adults while also being associated with metabolic syndrome in adolescents and dyslipidemia in children.

R. Mendonça "Ultra processed food consumption and risk of overweight and obesity: the University of Navarra Follow-Up (SUN) cohort study" The American Journal of Clinical Nutrition (2016) [22]

Design: We included 8451 middle-aged Spanish university graduates who were initially not overweight or obese and followed up for a median of 8.9 years. The consumption of ultra processed foods (defined as food and drink products ready to eat, drink, or heat and made predominantly or entirely from processed items extracted or refined from whole foods or synthesized in the laboratory) was assessed.

Results: A total of 1939 incident cases of overweight and obesity were identified during follow-up. After adjustment for potential confounders, participants in the highest quartile of ultra processed food consumption were at a higher risk of developing overweight or obesity than those in the lowest quartile of consumption.

Conclusions: Ultra processed food consumption was associated with a higher risk of overweight and obesity in a prospective cohort of Spanish middle-aged adult university graduates.

➡ F. M. Delpino "Ultra-processed food and risk of type 2 diabetes: a systematic review and meta-analysis of longitudinal studies" International Journal of Epidemiology (2022) [23]

Results: In total 2272 records were screened, of which 18 studies, including almost 1.1 million individuals, were included in this review and 72% showed a positive association between ultra-processed foods and the risk of diabetes. According to the studies included in the meta-analysis, compared with non-consumption, moderate intake of ultra-processed food increased the risk of diabetes by 12%, whereas high intake increased risk by 31%.

Conclusions: The consumption of ultra-processed foods increased the risk for type 2 diabetes as dose-response effect, with moderate to high credibility of evidence.

➡ M. I. Almarshad "Relationship between Ultra-Processed Food Consumption and Risk of Diabetes Mellitus: A Mini-Review"

Nutrients (2022) [24]

Description: Ultra-processed food (UPF) consumption has grown dramatically over the last few decades worldwide. This growth is accompanied by the increasing prevalence of non-communicable diseases (NCDs) such as cardiovascular diseases, hypertension, and type 2 diabetes. UPFs represent three main health concerns: (i) they are generally high in non-nutritive compounds such as sugars, sodium, and trans fat and low in nutritional compounds such as proteins and fibers, (ii) they contain different types of additives that may cause severe health issues, and (iii) they are presented in packages made of synthetic materials that may also cause undesirable health side-effects.

The association between the consumption of UPF and the risk of developing diabetes was discussed in this review. The high consumption of UPF, almost more than 10% of the diet proportion,

could increase the risk of developing type 2 diabetes in adult individuals. In addition, UPF may slightly increase the risk of developing gestational diabetes.

ANIMAL FOOD LEADS TO TYPE-2 DIABETES [1]

Most people think they can be bigger and stronger by eating protein rich animal-based foods. This belief stems from the idea that consuming protein (a.k.a. meat) is needed for physical power. This has been a common notion the world over for a long time. The Chinese have even officially recommended a higher-protein diet in order to encourage bigger athletes and to better compete in the Olympics. Animal-based foods have more protein, and this protein is considered to be of "higher quality."

2008	Dean Ornish and Elizabeth Black Boom
2000	Dean Omish and Engadem Black Boom
2005	The China Study
2001	DASH Diet
1997	Finland Study
1985	British MRC Study
1985	Pritikin Experience
1928	Addison Study
1904	Ambard – Beaujard Report

There is, however, a problem with the idea that consuming animal-based foods is a good way of becoming bigger. The people who eat the most animal protein have the most heart disease, cancer, and diabetes. In the China Study, for example, animal protein consumption was associated with taller and heavier people but was also associated with higher levels of total cholesterol, more cancer, and more coronary heart disease. It seems that being bigger, and presumably better, comes with very high costs. But might it be possible for us to achieve our full growth potential, while simultaneously minimizing disease risks?

In our China Study, we saw that nutrition has a very strong effect on

these diseases. Plant-based foods are linked to lower blood cholesterol; animal-based foods are linked to higher blood cholesterol. Animal-based foods are linked to higher breast cancer rates; plant-based foods are linked to lower rates.

Nutrients from animal-based foods increased tumor development while nutrients from plant-based foods decreased tumor development. Fiber and antioxidants from plants are linked to a lower risk of cancers of the digestive tract. Plant-based diets and active lifestyles result in a healthy weight yet permit people to become big and strong.

In the laboratory, we fed experimental rats a diet similar to the usual American fare, i.e., rich in animal-based protein, and compared them with other rats fed a diet low in animal-based protein. Guess what happened when both sets of rats had an opportunity to voluntarily use exercise wheels? Those fed the low-animal protein diet exercised substantially more, with less fatigue, than those fed the type of diet that most of us eat. This was the same effect observed by these world-class athletes.



People who ate the most animal-based foods got the most chronic disease. Even relatively small intakes of animal-based food were associated with adverse effects. People who ate the most plant-based foods were the healthiest and tended to avoid chronic disease.

TYPE-2 DIABETES REVERSAL SAMPLE DIET PLAN

PRE-BREAKFAST (6 to 8 am): It should contain a glass of freshly made vegetable juice like spinach-cucumber juice, carrot-beetroot juice, celery juice, ashgourd juice, etc. The quantity to drink is between 300 to 400 ml.

BREAKFAST (9 to 11 am): It should contain three or four different types of fruits like mangoes, papayas, apples, pears, oranges, pineapples, watermelons, or melons. The quantity of the total fruits can be calculated by the given formula:

• 1% of Body weight (kgs)

For example, if your body weight is 70 kgs, you will need to eat:

$$70 \times 1/100 = 0.7 \text{ (kgs)} = 700 \text{ grams}$$

700 grams is the estimated quantity of fruits that you are suggested to consume. You can consume more than 700 grams also if you feel more hunger. You must ensure eating according to hunger and avoid over-eating.

LUNCH (12 to 2 pm): It should contain three to four types of raw (or steamed) vegetables like carrot, cucumber, tomatoes, capsicum, radish, or cabbage. You should also try adding some green leaves like spinach, coriander, basil, etc. The quantity of the raw (or steamed) vegetables can be calculated by the given formula:

• 1% of Body weight (kgs)

For example, if your body weight is 70 kgs, you will need to eat:

$$70 \times 1/100 = 0.7 \text{ (kgs)} = 700 \text{ grams}$$

700 grams is the estimated quantity of raw (or steamed) vegetables that you are suggested to consume. You must ensure eating according

to hunger and avoid over-eating.

You may add pinch of black pepper, salt, lemon, chaat masala, dried herbs, etc. for adding some taste (optional). You may add few pieces of pre-soaked cashews, sesame seeds, and freshly grated coconut for adding healthy fats. These should be added in moderation.

SNACKS (4 to 5 pm): Any one of the following food items can be consumed.

- Fresh coconut water: 300 ml to 400 ml

- Herbal tea: 100 ml to 200 ml

- Any one fruit: 200 gm to 300 gm

- Few dates: 3 to 4

DINNER (6 to 7 pm): It should contain standard home cooked vegetarian meal (roti-sabzi, or daal-chawal, or idli-sambhar, or dosa, etc.). Eat as per hunger and do not over-eat. Go for a walk for about 10-15 minutes after dinner. Try to sleep before 9:30 pm.

PRECAUTIONS:

- No packaged food like biscuits, chips, namkeen, etc.
- No processed food like patties, burgers, pizzas, etc.
- No fried food like fries, samosa, tikki, pakoda, etc.
- No animal food like meat, fish, egg, chicken, etc.
- No dairy products like milk, curd, paneer, cheese, etc.
- No smoking or drinking alcohol.

NOTE: The type-2 diabetes reversal plan is suitable for someone who is below the age of 45 years and has type-2 diabetes only. If you have multiple health complications, or your age is above 45 years, or you are on multiple medications, then it is advisable to take this diet under the guidance and supervision of your trusted health practitioner. You may also consult Dr. Kamalpreet Singh for achieving your health goals.

FREQUENTLY ASKED QUESTIONS:

Q1. How long will it take to reverse my diabetes?

Ans: When on type-2 diabetes reversal diet protocol, blood sugar readings gradually reduce and come in a normal range. It might take a few weeks for the sugar readings to come in a normal range, but it may take up to a few months for a complete reversal. To avoid going into low blood sugar (hypoglycemia), you might need to taper down or eliminate your medications during this period. To safely taper down or eliminate the medications, please refer to the diabetes guidelines (ACP) given in this book and consult your medical doctor.

Q2. Can I get detox symptoms while following the protocol?

Ans: It is possible that you may experience cold, fever, vomiting, diarrhea, or cough during this period. If that happens, then understand that the protocol is working. Cold, cough, fever, diarrhea, vomiting, etc. are known as detox symptoms. They are methods to throw out the waste from your body. So, don't be afraid when they come because if they don't come, then how will the disease be removed? Don't take drugs to suppress these toxins. Do a liquid fast for 72 hours. Avoid consuming any solid food. To read about the 72-hour liquid diet protocol, please read the book named "The Shocking Truth of Paracetamol".

Q3. How should I reduce the dosage of drugs and insulin?

Ans: Once you start following the type-2 diabetes reversal diet, your sugar levels will start reducing gradually and there won't be any need to take medicines after a period of time. The diet will naturally control your blood sugar levels which was artificially being done by drugs. So as your sugar levels keep going down, you can start lowering the doses of your medicines and insulin based on your wisdom and the recommendation of your medical doctor. Please do not stop your medications suddenly. A safe and steady pace should be maintained

in tapering down of medications. You may refer to the clinician guidelines for type-2 diabetes given in this book.

Q4. Can I take a hot vegetable soup instead of salad?

Ans: You may consume a vegetable soup in place of a salad occasionally, but not often. Here is an easy recipe to make a quick tomato soup. Add 4 de-seeded tomatoes, 1 potato, 2 garlic cloves, 4-5 cashews, black pepper, and salt in a pan of boiling water for about 10 minutes. Blend all the above ingredients along with the water until smooth. Strain the soup, add lemon juice, and garnish with coriander. Pour into a bowl and the soup is ready to serve.

Q5. Can I drink a dairy-free herbal tea in the pre-breakfast?

Ans: You may drink a dairy-free herbal tea without any refined sugar to it. You may boil 5-6 mint leaves, 4-5 basil leaves, 1-2 green cardamoms, 5 gm ginger, and a pinch of cinnamon in 2 cups of water for 5-10 minutes. Strain the liquid, mix half spoon of pure jaggery powder, and add lemon juice for taste. The tea is ready to be served.

Q6. How much water should I drink throughout the day?

Ans: There is no fixed amount of water that we must consume throughout the day as it varies from person to person based on multiple factors. Always remember - you must listen to your body and drink water when you're thirsty. Your thirst should guide you about your water intake. Try to maintain a gap of at least 45 minutes between solid food and water intake. I usually drink water after 1 hour of eating food. However, if I feel excess thirst, I drink water after 30 minutes of eating food.

Q7. Can intermittent fasting lead to dizziness or low sugar?

Ans: It usually does not happen unless you overdose your medication/insulin. Therefore, it is extremely important to taper down your

medications in response to the reduction in the blood sugar caused by the diet protocol. You may keep an orange, or some grapes, or a small piece of jaggery with you and if you feel a drop in your sugar levels, or feel dizzy, you may consume it. Once your body adapts to the new dietary routine, and you become free from medications or insulin, then your body should not feel dizzy.

Q8. Till how long should I follow this diet?

Ans: You can follow this diet safely as long as you want. But for better results you should follow up with us after 2 weeks of following the diet. On the basis of your progress, we may suggest appropriate changes if required. The diet for each person usually depends on the various parameters like height, weight, medical history, current physical condition, other illnesses, medication, etc. However, to simplify the whole process and give you a good beginning, we have illustrated a sample of type-2 diabetes reversal diet.

Q9. Can I implement the diet protocol step by step or do I have to follow all the points in one go?

Ans: I understand it is human tendency to resist change. If you feel you are not able to follow all the points at once, then you may go step by step. For example, you may follow the breakfast routine for a few days, then add the lunch menu for another few days, and then reform the dinner menu and follow all the points till you completely reverse your type-2 diabetes.

Q10. Can I do wet abdominal packs to support my detox?

Ans: Yes! Take a white cotton cloth and fold it length-wise till it is about 10 inches wide. Then dip it in bearable cold water and squeeze the water out. Wrap the wet cloth around your stomach and then tuck it so that it does not fall off. Your navel should fall in between this cloth. So, this wet pack directly covers your pancreas. Now fold another small wet cloth about 2 inches wide and wrap it around your neck Take

another small wet cloth and wrap it around your forehead. Apply this wet pack for about 15-30 minutes. You can apply it anytime of the day. Just ensure that while it is on, don't eat or drink anything at all. You may use it once a day. You can wear your normal clothes on top of the wet pack and continue doing your daily activities. By applying a wet pack, you are creating two different temperatures in the body. The place where you have applied the wet pack becomes colder than the rest of the body. Because of this, the blood circulation in your body increases. When blood circulation increases, then the toxins that have accumulated in your organs start to leave their place.

Q11. What are the other things that are recommended to support the type-2 diabetes reversal diet protocol?

Ans: Make sure that the juices are freshly made, and no salt should be added to them. The fruits should be freshly cut as far as possible. Sleep in a well-ventilated room. Limit the time spent on watching television, using cell phone, and working on computer. Switch off the Wi-Fi device before sleeping. Spending half an hour in mild sunshine everyday is beneficial. Doing few minutes of simple breathing exercises like alternative nostril breathing on an empty stomach can be useful. Simple stretching exercises can be performed for few minutes. You must maintain a positive attitude and offer your prayers to the supreme healing power, Almighty God. Sexual activity must be restricted during the process of healing as it leads to overstimulation of your senses, which prevent you from getting adequate sensory rest.

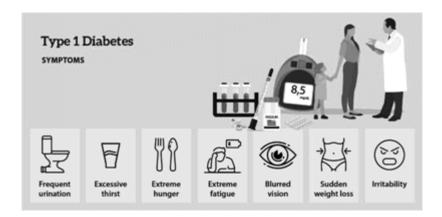
Q12. How may I contact Dr. Kamalpreet Singh in case I feel the need for personal consultation?

Ans: Dr. Kamalpreet Singh provides personal consultation for diabetes reversal. You may email to kamalpreetsingh@gosatvik.ca or send a WhatsApp text message to +919718422691.

IS THERE HOPE IN REVERSAL OF TYPE-1 DIABETES?

Yes! We have assisted many clients with type-1 diabetes reverse their diabetes. Some of them were able to eliminate their dependency on external insulin injections. One such case study has been included in this book which was published in "Journal of the Science of Healing Outcomes" in April 2023.

Since long time it was believed that type-1 diabetes is a progressive auto-immune disease which cannot be reversed. Type-1 diabetes patients are expected to be dependent on external insulin injections throughout their life with ever-increasing dosage and high fluctuations in the blood sugar readings. They experience uncontrolled hyperglycemia with blood sugar readings going extremely out of control. When on continuous insulin therapy, the patient may experience hypoglycemia which can be even more harmful, and sometimes, life threatening.



If you have type-1 diabetes, your pancreas makes very little insulin. Insulin helps blood sugar enter the cells in your body for use. Without insulin, blood sugar can't get into cells and builds up in the bloodstream. High blood sugar is damaging to the body and causes many of the symptoms and complications of diabetes. Type-1 diabetes was once called insulin-dependent or juvenile diabetes as it usually

developed in children, teens, and young adults. [25]

What is the cause of type-1 diabetes?

Type-1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). ^[25] There is a popular opinion that the autoimmune reaction is due to genetics, an opinion often shared by doctors as well. But genetics alone cannot account for more than a very small fraction of cases of this disease. Genes do not act in isolation as they need a trigger for their effects to be produced. ^[1]

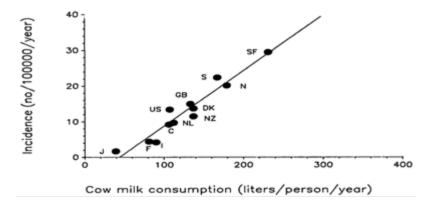


There are a few risk factors which correlate with the increasing cases of auto-immune diseases like type-1 diabetes. The major factor which I have seen in my experience is the increasing number of vaccinations in the childhood schedule. Many vaccines are produced with toxic chemicals, heavy metals, aborted fetal cells, animal protein, etc. which are shown to trigger the auto-immune reactions in various scientific studies. For in depth knowledge about vaccinations and its connection with autoimmune diseases you must read the book "The Vaccine Crime Report". [26]

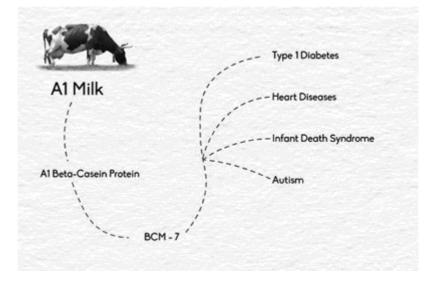
Another important point we need to discuss is about breastfeeding practice. Nowadays, the practice of breastfeeding infants is reducing in many societies across the world. Breastfeeding (mothers' milk) is vital to the growth, development, and immunity of the infant. Another risk factor of type-1 diabetes which has been published in various studies

is the early weaning of children and consumption of infant formulas and commercial cow milk. [27] It is even much worse when it is pasteurized, homogenized, and obtained from cows injected with steroids. Some researchers have demonstrated that a tiny protein fragment called BCM7, i.e., betacasomorphin-7 formed by digestion of A1 beta-casein found in the milk of A1 cows is a trigger factor for type-1 diabetes. The BCM7 that is released from A1 beta-casein has been implicated in many illnesses, including heart disease, development delays, autism, type-1 diabetes, and many other autoimmune diseases.

According to the author of "Devil in the Milk", there is strong evidence that the milk devil betacasomorphin-7 (BCM7) is only produced from the milk of some cows that are of European origin. According to the author, the Asian and African breeds of cows are free of it (unless they have some hidden European ancestry). [28]



The observation shown in the graph highlights the link between one aspect of environment, cow's milk consumption, and type-1 diabetes. [31] Cow's milk consumption by children 0-14 years of age in twelve countries shows an almost perfect correlation with type 1 diabetes. The greater the consumption of cow's milk, the greater the prevalence of type 1 diabetes. In Finland, type 1 diabetes is thirty-six times more common than in Japan. Large amounts of cow's milk products are consumed in Finland but very little is consumed in Japan.



When the results of various studies were analyzed in a review, it was seen that children weaned too early and fed cow's milk had about 50% higher risk of type-1 diabetes. [29] According to the China Study, the possible initiation of type-1 diabetes goes like this:

- A baby is not nursed long enough and is fed cow's milk protein, perhaps in an infant formula.
- The milk reaches the small intestine, where it is digested down to its amino acid parts.
- For some infants, cow's milk is not fully digested, and small amino acid chains or fragments of the original protein remain in the intestine.
- These incompletely digested protein fragments may be absorbed into the blood.
- The immune system recognizes these fragments as foreign invaders and goes about destroying them.
- Unfortunately, some of the fragments look exactly the same as the cells of the pancreas that are responsible for making insulin.
- The immune system loses its ability to distinguish between the cow's milk protein fragments and the pancreatic cells, and destroys them both, thereby eliminating the child's ability to produce insulin.

>	The infant becomes a type-1 diabetic and remains so for the rest of his or her life. [1]

REVERSAL OF TYPE-1 DIABETES: A CASE STUDY [30]

Harkirat Singh, 5 years old, son of Dalwinder Singh, resides in Georgia, USA. Harkirat Singh was diagnosed with type-1 diabetes at the young age of 5. Just before the diagnosis he had excessive thirst, urine, and weight loss. The doctor advised him to go for a blood test. His HbA1c level was 9.8% and random blood sugar had reached 490 mg/dl. He was diagnosed with type-1 diabetes. Since then, he had been on about 12 units of insulin therapy as recommended by his medical doctor.

Parameters before joining Diabetes Reversal Program:

Random Sugar: 490 mg/dl (30th Nov 2022)

• **HbA1c:** 9.8% (28th Nov 2022)

Discomforts: Excessive thirst, urine, and fatigue
Insulin Dosage: 12 units (6 Lantus + 6 Humalog)



Harkirat Singh and family came into contact with Dr. Kamalpreet Singh through online appointment on 8th Dec 2022 and started a customized plant-based diet immediately and had the following progress in his condition:

Parameters after following Diabetes Reversal Program:

• **HbA1c:** 6.2% (4th April 2023)

Average Fasting Sugar: 100 mg/dl (Feb 2023)

Average Post Prandial Sugar: 131 mg/dl (Feb 2023)

· Discomforts: None

• Insulin Dosage: Nil (Stopped since 21st Dec 2022)

9	Fasting Sugar (mg/dl)	P.P Sugar (mg/dl)	Total Insulin Dosage
BEFORE	120.00	182.00	12.00
09/12/2022	90.00	135.00	7.50
10/12/2022	126.00	85.00	6.50
11/12/2022	70.00	188.00	5.00
12/12/2022	122.00	151.00	3.00
13/12/2022	98.00	119.00	3.00
14/12/2022	78.00	146.00	3.00
15/12/2022	69.00	N/A	2.00
16/12/2022	81.00	N/A	2.00
17/12/2022	95.00	N/A	1.00
18/12/2022	100.00	N/A	1.00
19/12/2022	103.00	N/A	1.00
20/12/2022	90.00	155.00	1.00
21/12/2022	111.00	127.00	0.00
22/12/2022	89.00	129.00	0.00
23/12/2022	105.00	155.00	0.00
24/12/2022	109.00	115.00	0.00
25/12/2022	103.00	176.00	0.00
26/12/2022	112.00	136.00	0.00
27/12/2022	109.00	99.00	0.00
28/12/2022	115.00	130.00	0.00
29/12/2022	108.00	137.00	0.00
30/12/2022	117.00	154.00	0.00
31/12/2022	94.00	134.00	0.00

DR. KAMALPREET SINGH

REVERSAL OF TYPE-1 DIABETES UPON PLANT-BASED WHOLEFOOD DIET: A CASE STUDY

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ABSTRACT

Type 1 diabetes (T1D) is an autoimmune disease characterised by hyperglycemia caused by the inability to produce insulin due to selfdestruction of pancreatic beta cells. T1D causes irreversible health consequences retinopathy, nephropathy, like hypertension, and heart disease and makes the patient dependent on external insulin injections for his entire life. The common perception in medical science is that blood glucose levels cannot be brought in nondiabetic range without the help of external insulin injections in the case of T1D. However, in the present case study we examined the levels of blood glucose in a 5-year-old patient of T1D by putting him on a plantbased diet plan with regular follow-ups. He was successfully able to maintain non-diabetic blood glucose levels and eliminate his insulin dependency within 14 days on a consistent wholefood plant-based diet full of fresh fruits, raw vegetables, nuts, seeds, and sprouts.

INTRODUCTION

Diabetes is one of the most common metabolic disorders that is associated with many life-threatening complications which diminish the quality of life of the patient. Diabetes is mainly of two types: type 1 diabetes (T1D) and type 2 diabetes (T2D). T2D is the most common type of diabetes worldwide marked by an increased blood glucose level, frequent urination, excessive thirst, and weight loss. In T2D, impaired receptors do not respond to insulin, eventually leading to insulin resistance while in T1D, there is a deficiency of insulin produced in the pancreas. It is a juvenile onset disorder which is

characterized by pancreatic dysfunction due to autoimmune reaction of the body where beta cells continuously get destroyed, eventually leading to insulin deficiency.

The definite cause of T1D is still a mystery. However, certain studies demonstrate the mechanism by which A1 beta casein from cow milk can lead to T1D. Mounting evidence now shows the association of the ever-rising vaccination doses and the rise in T1D around the world. One highly sensitive method of C-peptide determination has shown that beta cells can be detected even up to 40 years after the clinical onset of the disease. These findings help patients in advanced stage, for example, it helps patients

whose β -cell function was thought to have long ceased in getting benefit from interventions to preserve β -cell function or to prevent complications6. A lot of effort has been made to regenerate beta cells in vitro by providing growth factors and by reprogramming/trans-differentiation of terminally differentiated cell types. However, none of these approaches have proved to be successful in growing beta cells in vivo due to shortage of donors. The efficient technique of β -cell generation and the difficulty of growing β -cell in adult humans sufficiently force a patient to adhere to medication/insulin for his whole life. Dietary modification and lifestyle change can play an important role in reversal of T1D and T2D by restoring the glucose levels to non-diabetic range, thereby either decreasing or eliminating the need of medicine/insulin.

CASE PRESENTATION

Here, we present a case of Harkirat Singh, a five-year-old boy, weighing 18 kgs, who was diagnosed with T1D in Georgia, USA on 28.11.2022. Before diagnosis, he complained of frequent urination, increased thirst, excessive weakness, and some weight loss. On the day of diagnosis, hisHb1Ac was 9.8% and blood glucose showed extreme fluctuations, with average postprandial glucose (PPG) above 300 mg/dl, the highest recorded was 490 mg/dl on 30.11.2022. It was an indication of T1D. The concerned doctor prescribed insulin injections to control blood glucose. He was advised to inject a total of

12 units of insulin daily. In the absence of initial C-peptide and Glutamic Acid Decarboxylase (GAD) reports, it was difficult to ascertain the diagnosis to be T1D. However, such negligence in maintaining records by the clinical practitioners should be avoided which may lead to discrepancies in diagnosis.

The parents approached the author on 8.12.2022 and agreed to put Harkirat Singh on a plant-based wholefood diet immediately. The boy was put on a dietary modification plan and was supervised by the author through daily phone appointments. This diet was divided into breakfast, lunch, and dinner. Breakfast included three different types of fruits which weighed 1% to 2% of body weight (in kilograms). In this case it was between 180 and 360 grams of fruits in breakfast. Lunch included three different types of raw vegetables which weighed 0.5% to 1% of body weight along with a customized

vegan meal recipe. In this case it was 90 to 180 grams of raw vegetables followed by a customized vegan meal recipe. Dinner was calculated the same way as lunch. In addition to this, soaked nuts and sprouts were also a part of the diet programme and the quantity of these was equal to 0.1% of body weight. In this case it was about 18 grams each. Packed, processed, and refined foods were strictly eliminated from his diet. Animal food, dairy products and oil were eliminated from the diet as these have shown to have a negative effect on diabetes. Blood glucose readings were regularly monitored and essential changes in the diet schedule were made as and when required. The parents were also in touch with the doctor concerned regularly for assistance in adjustment of insulin dosage.

RESULTS

Before Intervention: The patient had been suffering from T1D for two weeks as was diagnosed on 28.11.2022. His HbA1c was 9.8% and blood glucose was 490 mg/dl at the time of diagnosis. He was prescribed long-acting Lantus insulin 6 units in the morning and Humalog rapid insulin 2 units after breakfast, lunch, and dinner. His fasting blood glucose level ranged from 110 mg/dl to 155 mg/dl with 12 units of total insulin per day. His PPG ranged from 100 mg/dl to 300

mg/dl with 12 units total insulin per day. There were a few episodes of hypoglycemia with blood glucose levels dropping below 70 mg/dl.

Post Intervention: HbA1c was 7.3% post dietary intervention recorded on 10.01.2023. His average fasting blood glucose level was 106 mg/dl (21.12.2022 – 31.12.2022). His average PPG was 136 mg/dl during the same period. The patient was able to eliminate his requirement of insulin injections on the thirteenth day (21.12.2022) of the dietary modification programme. He did not require insulin injections after 21.12.2022. He is no longer taking insulin injections. He is maintaining a normal glucose range by following the diet programme religiously. The patient was regularly monitored till 01.03.2023. His average fasting blood glucose level was 100 mg/dl and average PPG was 131 mg/dl during the month of February 2023.

DISCUSSION

T1D has been neglected for a long time and its nationwide prevalence is not yet known. The growing number of T1D cases is a cause of concern as its treatment is difficult in comparison to that of T2D. In this article, we show a comprehensive analysis by stating the difference of blood glucose changes before and after the dietary intervention in a case of suspected T1D who approached us in December 2022. He was diagnosed with diabetes at the age of five and from the very first day he was on insulin. None of his parents have diabetes. His preintervention HbA1c reading was 9.8%, which is on the higher side. All the evidence so far defines him as a T1D case than any other type of diabetes. His higher values of HbA1c are suggestive of diabetic complications which was evident by his excessive urine, thirst, weakness, and weight loss. His insulin dependency was eliminated within 14 days of switching to a whole food plant-based diet full of fresh fruits and raw vegetables. Presently, he is no longer dependent on insulin. His glucose levels are also in the non-diabetic range without insulin. He is adhering to regular follow ups. Cases of T1D are increasing around the world. The possible cause can be genetics triggered by a wrong choice of food habits, including consumption of processed milk of A1 cows, and increasing number of vaccine doses in

the schedule. Dietary modification is a great assistance to medical science in controlling diabetes to a large extent, without causing any side effects. The complete reversal of T1D through dietary modification is a ray of hope to many who are living a disheartened life administering insulin injections thrice a day to their children.

CONCLUSION

Diet and lifestyle play a major role in the reversal of autoimmune diseases like T1D. If left untreated, T1D can lead to severe complications. T1D was once thought to be irreversible and progressive after diagnosis, but emerging evidence suggests it can be reversed by following an appropriate diet plan. Here, we successfully treated a patient suffering from T1D by prescribing a customized diet plan. The patient was able to eliminate insulin dependency within 14 days of the dietary modification programme. This case study will serve as a ray of hope for the T1D patients and their distraught parents around the world.

A1 MILK CONNECTION WITH TYPE-1 DIABETES

H. C. Gerstein "Cow milk exposure and type-1 diabetes: critical overview of the clinical literature" Diabetes Care (1994) [29]

Results: Ecological and time-series studies consistently showed a relationship between type 1 diabetes and either cow's milk exposure or diminished breast-feeding. In the case-control studies, patients with type 1 diabetes were more likely to have been breast-fed for less than 3 months and to have been exposed to cow's milk before 4 months.

Conclusions: Early cow's milk exposure may be an important determinant of subsequent type 1 diabetes and may increase the risk approximately 1.5 times.

K. D. Jorgensen "Relationship between cows' milk consumption and incidence of IDDM in childhood" Diabetes Care (1991) [31]

Objective: To compare age-standardized incidence rates of diabetes in children 0-14 year of age and cows' milk consumption in various countries.

Research design: Only incidence rates from diabetes registries carefully validated by the Diabetes Epidemiology Research International Study Group were used - Finland, Sweden, Norway, Great Britain, Denmark, United States, New Zealand, Netherlands, Canada, France, Israel, and Japan. Data on fluid cows' milk consumption in corresponding countries were obtained from the International Dairy Federation.

Results: Correlation between milk consumption and incidence of insulin-dependent diabetes mellitus (IDDM) was 0.96. The data fit a linear regression model, and analysis showed that 94% of the geographic variation in incidence might be explained by differences in milk consumption.

■ S. M. Virtanen "Infant feeding in Finnish children less than 7 yr of age with newly diagnosed IDDM. Childhood Diabetes in Finland Study Group" Diabetes Care (1991) [32]

Description: We studied 103 newly diagnosed diabetic children less than 7 years of age in a countrywide study. The risk of IDDM was decreased among children breast-fed for at least 7 months or exclusively breast-fed for at least 3 or 4 months. Also, children who were greater than or equal to 4 months old at the time of introduction of supplementary milk feeding had a lower risk of diabetes.

Conclusions: The protective effects of a long duration of breast-feeding and a late introduction of dairy products on the risk of IDDM remained significant after adjusting for the mother's education.

➡ F. Pérez-Bravo "Genetic predisposition and environmental factors leading to the development of insulin-dependent diabetes mellitus in Chilean children" Journal of Molecular Medicine (1996) [33]

From the article: Fewer children were exclusively breast fed in the diabetic group than in the control group. In addition, exposure to cow's milk and solid foods occurred earlier in the diabetic group than in the control group. Our data show that a short duration of breast-feeding and early exposure to cow's milk and solid foods may be important factors in the development of insulin-dependent diabetes mellitus. The high relative risk observed in individuals genetically predisposed indicates an interaction effect between genetic and environmental components.

→ L. Monetini "Bovine beta-casein antibodies in breast- and bottle-fed infants: their relevance in Type 1 diabetes" Diabetes/Metabolism Research and Reviews (2001) [34]

Background: In this study we aimed to determine whether the avoidance of cow's milk consumption early in life could prevent the development of antibody response to bovine beta-casein despite the mother being exposed on a daily basis to cow's milk consumption.

Methods: We measured the antibody response to bovine beta-casein

in 28 healthy infants under 4 months of age, of whom 16 were exclusively breast-fed and 12 were bottle-fed with cow's milk. In addition, beta-casein antibodies were measured in 37 prepubertal children with type 1 diabetes and in 31 healthy children who were exposed to cow's milk or dairy products to see whether differences in antibody titers exist in this young age group.

Results: Elevated levels of beta-casein antibodies were found in bottle-fed infants compared to breast-fed infants. Antibody levels to bovine beta-casein were also significantly higher in children with type 1 diabetes compared to age-matched controls. By western blot analysis we confirmed specific binding to bovine beta-casein in bottle-fed infants, in children with type 1 diabetes and in controls exposed to cow's milk, but not in infants who were exclusively breast-fed. Conclusions: The results of this study indicate that breastfeeding within the first 4 months of life prevents the generation of antibody response to bovine beta-casein despite the mothers' consumption of cow's milk during the breastfeeding period. These findings may have relevance for disease prevention.

→ T. Kimpimaki "Short-term exclusive breastfeeding predisposes young children with increased genetic risk of Type 1 diabetes to progressive beta-cell autoimmunity" Diabetologia (2001) [35]

Aims: This study aimed to establish the relation between early infant nutrition and signs of beta-cell autoimmunity in young children. Methods: We identified and observed from birth 2949 infants with increased genetic risk of type 1 (insulin-dependent) diabetes mellitus and monitored them for islet cell antibodies at 3-to-6-month intervals. If an infant seroconverted to islet cell antibody positivity, all of his or her samples were also analysed for autoantibodies to insulin, GAD65 (GADA) and to the protein tyrosine phosphatase related IA-2 molecule (IA-2A). Our case-control study comprises the first 65 children who seroconverted to islet cell antibody positivity before the age of 4 years and 390 control children who were islet cell antibody-negative (six control children/ case). We monitored the duration of exclusive and total breastfeeding and the age at which cows' milk was introduced.

Results: Infants who had been breastfed exclusively for at least 4 months had lower risk of seroconversion to positivity for IA-2A or all four autoantibodies respectively than those infants who had been breastfed exclusively for less than 2 months. The risk of seroconversion to positivity for IA-2A or all four autoantibodies was higher in those younger than 2 months or aged 2 to 3.9 months when they first received cows' milk than in those aged 4 months or older.

Conclusions: These observations suggest that short-term breastfeeding and the early introduction of cows' milk-based infant formula predispose young children who are genetically susceptible to type 1 diabetes to progressive signs of beta-cell autoimmunity. The results support the hypothesis that cows' milk may contain a triggering factor for the development of IDDM.

J. N. Kostraba "Early exposure to cow's milk and solid foods in infancy, genetic predisposition, and risk of IDDM" Diabetes (1993) [36]

From the article: An infant diet history was collected from 164 IDDM subjects from the Colorado IDDM Registry with a mean birth year of 1973, and 145 nondiabetic population control subjects who were frequency matched to diabetic subjects on age, sex, and ethnicity. Early exposure was defined as exposure occurring before 3 months of age. After controlling for ethnicity, birth order, and family income, more diabetic subjects were exposed early to cow's milk and solid foods than control subjects. These data indicate that early exposure to cow's milk and solid foods may be associated with increased risk of IDDM.

THE VACCINATION CONNECTION WITH DIABETES

From the abstract: "Extensive evidence links vaccine induced immune overload with the epidemic of type-1 diabetes. More recent data indicates that obesity, type-2 diabetes, and other components of metabolic syndrome are highly associated with immunization and may be manifestations of the negative feedback loop of the immune system reacting to the immune overload."

"Twenty years ago, it was predicted that a massive increase in immunization would result in a massive increase in people with chronic immune related diseases like type-1 diabetes, autoimmune diseases, and asthma. A massive increase in immunization has occurred. In the United States for example since just 1999 children are scheduled to routinely receive over 80 additional vaccines over their childhood as explained below. The increase in immunization has been followed by a huge increase in inflammation associated disorders. Diseases like autism, type-1 diabetes, asthma, food allergies, many autoimmune diseases, obesity, type-2 diabetes, NASH, and metabolic syndrome have increased many folds in children."

J. Wahlberg "Vaccinations may induce diabetes-related autoantibodies in one-year-old children" Annals of the New York Academy of Sciences (2003) [38]

Description: This paper provides evidence that vaccines contribute to alterations in the immune process that may lead to type-1 diabetes. When analyzing the induction of autoantibodies, the titer levels of IA-2A (sensitive antibody markers associated with the development of

type-1 diabetes) were significantly higher in children who received a Hib vaccine.

■ J. B. Classen "Prevalence of Autism is Positively Associated with the Incidence of Type 1 Diabetes, but Negatively Associated with the Incidence of Type 2 Diabetes, Implication for the Etiology of the Autism Epidemic" Open Access Scientific Reports (2013) [39]

From the study: "Vaccines have shown to cause a large number of cases of type-1 diabetes in both a prospective clinical trial as well as in animal toxicity studies." "The epidemics of type-1 diabetes and autoimmune autism are more likely than not to share the same etiological cause."

From the Abstract: "Cohort data from Denmark in all children born from January 1, 1990 to December 31, 2000 was analyzed to assess the association between immunization and type-1 diabetes in all Danish children and in a subgroup where children had a sibling with type-1 diabetes. Pediatric vaccines were associated with a statistically significant increased risk of type-1 diabetes in 12 of 21 endpoints in the general population."

→ J. B. Classen "Vaccines and the risk of insulin-dependent diabetes (IDDM): potential mechanism of action" Medical Hypotheses (2001) [41]

From the Abstract: "Immunization with a number of different vaccines, including live and killed vaccines, has been linked to the development of insulin-dependent diabetes in humans and animals. Multiple different mechanisms have been proposed to explain the association between vaccines and diabetes." "Vaccines are known to manipulate the immune system and can induce an autoimmune disease such as type-1 diabetes."

A study published in November 2020 reveals that the children

who never took any vaccine are much healthier than the children who took all the vaccines!

For many years, vaccine educated people and organizations have been asking the CDC, WHO, pharmaceutical companies, and other relevant governmental agencies to do comparison studies looking at the health status, frequency of doctor's visits, and hospitalizations of children that have been vaccinated and those that have not been vaccinated. They have all refused to conduct such studies till now. Thankfully, recently some studies have been done by outstanding independent. Here we look at some of those brilliant studies without conflict of interest and industry bias.

P. Thomas "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination" International Journal of Environmental Research and Public Health (2020) [42]

Description: This study categorizes the illnesses that vaccinated and unvaccinated children went for doctor's office visits during their first nine and a half years of life. It is a peer-reviewed study that shows clearly that unvaccinated children are healthier than vaccinated children.

From the Abstract: Increased office visits related to many diagnoses were robust to days-of-care-matched analyses, family history, gender block, age block, and false discovery risk. Many outcomes had high RIOV odds ratios after matching for days-of-care (e.g., anemia (6.334), asthma (3.496), allergic rhinitis (6.479), and sinusitis (3.529), all significant under the Z-test)."

"Remarkably, zero of the 561 unvaccinated patients in the study had attention deficit hyperactivity disorder (ADHD) compared to 0.063% of the (partially and fully) vaccinated. The implications of these results for the net public health effects of whole-population vaccination and with respect for informed consent on human health are compelling. Our results give agency to calls for research conducted by individuals who are independent of any funding sources related to the vaccine

industry."

Conclusions of the study: "We could detect no widespread negative health effects in the vaccinated other than the rare but significant vaccine-targeted diagnosis. We can conclude that the unvaccinated children in this practice are not, overall, less healthy than the vaccinated and that indeed the vaccinated children appear to be significantly less healthy than the unvaccinated."

The following table shows the Relative Index of Office Visits for the fully vaccinated (N1 = 2763) vs. never vaccinated (N2 = 561).

Condition	Vaxxed	Unvaxxed	RIOV	95% CI	Z	p
Fever	759	17	9.065	8.801	12.476	< 0.0001
"Well Child" Visits	32,826	4987	1.336	1.149	6.540	< 0.0001
Ear Pain	269	16	3.414	3.232	5.310	< 0.0001
Otitis media	3105	216	2.919	2.518	23.441	< 0.0001
Conjunctivitis	1018	87	2.376	1.935	9.783	< 0.0001
Eye Disorders (Other)	277	31	1.814	1.586	3.350	0.0008
Asthma	336	13	5.248	5.065	6.693	< 0.0001
Allergic Rhinitis	405	12	6.853	6.662	8.158	< 0.0001
Sinusitis	107	5	4.345	4.240	3.566	0.00036
Breathing Issues	621	44	2.866	2.561	7.898	< 0.0001
Anemia	979	36	5.522	5.181	13,603	< 0.0001
Eczema	512	23	4.520	4.281	8.479	< 0.0001
Urticaria	174	17	2.078	1.908	3.027	0.00244
Dermatitis	742	105	1.435	0.992	4.034	< 0.0001
Behavioral Issues	343	17	4.097	3.900	6.087	< 0.0001
Gastroenteritis	688	30	4.656	4.374	6.543	< 0.0001
Weight/Eating Disorders	1115	90	2.515	2.056	10.264	< 0.0001
Seizure	43	8	1.091	0.985	0.229	0.8181

RIOVs were calculated using the number of patients as the sample size in each group (Vaxxed and Unvaxxed) with the exception of well-child visits and otitis media visits, both of which were greater in number than the number of patients.

What can we understand from the above table? The above table portrays that that the vaccinated group of children has relatively about 6 times more episodes of allergic rhinitis, about 5 times more episodes of asthma, about 5 times more episodes of anemia, about 4 times more episodes of sinusitis, about 4 times more episodes of eczema and about 9 times more episodes of fever besides increased risk of all other diseases like ear and eye disorders, stomach disorders, behaviour disorders, etc. It would not be wrong to say that vaccinated children are sicker in all parameters as compared to children who never took any vaccines.

You may read in detail about the hidden truth of vaccinations in my #1 Best Seller book in epidemiology and infectious diseases titled 'The

Vaccine Crime Report'.

THE TYLENOL CONNECTION WITH DIABETES

A cold, cough, or fever should not be feared but celebrated. It seems illogical, doesn't it? Let me explain that cold, cough, fever, diarrhea, vomiting, etc. these are called first stage diseases and they last for a short time. They're actually an attempt by our immune system to get rid of the toxic overload that has been accumulating inside our body over the past months and years. These are not really illnesses but the symptoms of a process which attempts to keep you healthy. I like to call them happy diseases.

Just like we clean our house every day, but once or twice a year, we carry out a much more thorough "Master Cleanse" when we lift all the rugs, sofas, bed, etc. and sweep below them too. In the same way once or twice every year, even our body carries out much more thorough "Master Cleanse" through cold, coughs, vomiting, diarrhea, and these are called first stage diseases.



You must remember that we have four channels of detox in our body through which waste matter passes out in the form of Stool, Urine, Breath and Sweat (SUBS) which eliminate toxic wastes from the body. During happy diseases, the effectiveness of one of the four detox channels is increased or a fifth channel is opened. For example, during a fever the effectiveness of our sweat channel increases, during diarrhea the effectiveness of our stool channel increases, during

common cold the effectiveness of our nose channel increases and when we throw up, a fifth channel to eliminate the excess of toxins is opened.

Unfortunately, the first thing that you do when you develop a cold is run to a medical doctor and ask the doctor to give you something that stops your runny nose. Do you see the problem? What you're basically saying is, "Hey, give me something that stops these toxins from escaping my body!" You take the drug, it manipulates and interferes with your immune system, and the cold stops because the toxins that your body was trying to throw out are pushed back inside. Drugs do not cure; they suppress the disease. That is why I do not call them medicines. People have been so brainwashed by pharmaceutical companies and medical doctors that it's difficult to make them understand that these things are the body's attempt to heal itself.

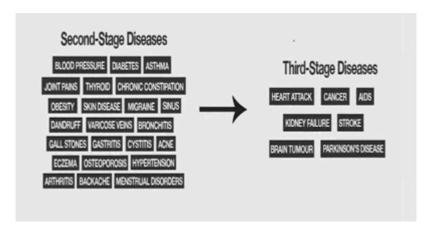
If natural drugless methods are adopted during such acute disease (like cold, coughs, fevers, etc.) and if no attempt is made to suppress it through any drugs, the further two stages of disease to be described would never be there. [10] Now what happens when you repeatedly keep suppressing these toxins inside?



These happy diseases take their second stage that lasts for longer periods of time such as type-2 diabetes, hypertension, asthma, thyroid, constipation, obesity, migraines, varicose veins, bronchitis, gall stones, gastritis, cystitis, acne, eczema, arthritis, backache, menstrual disorders, etc. Can you guess what happens when you further suppress second-stage diseases inside your body by drugs?

They take the third stage that are destructive like heart attacks,

cancers, kidney failure, strokes, brain tumors, Parkinson's disease, etc. You know you have a third stage disease when death could be near at hand.



Let not the acute disease be suppressed. No chronic disease can develop in the person. [10] However, the good news is that at any of these three stages you can very well take a U-turn, correct your mistakes, reform your lifestyle, and begin a new journey towards a healthy and disease-free life.

Society often conditions us to think that these illnesses are something bad, something unpleasant, something to be fought against. But it's quite the opposite. Colds, fevers, vomiting, diarrhea - these illnesses come to detoxify and clean our body. They are an attempt by the immune system to get rid of all that waste, the toxins lying inside. When we eat unnatural, refined, and processed foods like pasta, noodles, biscuits, ice creams, sugar, it does not get digested properly and accumulates inside the body as toxic matter. Besides that, when we consume or inject anything made with chemicals, it is foreign to the human body and thus requires elimination. When these aren't eliminated properly, it gets stored as toxins and give rise to various diseases like type-2 diabetes.

But our immune system is very powerfully designed. Once or twice a year, it opens one of these four detox channels so that the undigested accumulated waste can get out. So, if you have colds, coughs, fevers,

diarrhea, etc. instead of viewing it as something unpleasant you should be grateful that you have got a chance to detoxify your body. When you take a drug to suppress your symptoms, the waste that your immune system was so desperately trying to throw out is pushed back in. If you keep resorting to these 'quick fixes', soon you'll have a bigger problem, and it would require much more time to heal.

After curing a happy disease naturally, you should come out much healthier than you were before, because your body would have thrown out the waste. You should lose the extra weight, have much more energy and clarity in thinking. However, when you suppress the disease through chemical drugs like Paracetamol, popularly known by the brand name 'Tylenol', you are inviting much chronic complications like type-2 diabetes and liver failure.

A growing body of evidence in the last decade suggests that the use of paracetamol blocks the body's ability to produce glutathione, which is considered the body's "Master Antioxidant". Antioxidant activity allows the body to get rid of the accumulated toxins and reduce inflammation. However, the administration of antipyretics, handcuffs the body from eliminating toxins which can lead to health complications like asthma, allergies, bronchitis, irritable bowel syndrome, chronic diseases like type-2 diabetes, brain disorders, and even autism. Paracetamol is the leading cause of liver failure in the United States. [42] The deterioration of liver is highly linked with the development of type-2 diabetes. You can learn about natural ways to manage your fever in the book 'The Shocking Truth of Paracetamol'.

EXISTING PROBLEMS WITH THE MEDICAL SYSTEM

An Interesting Tale of a Medical Class (Allopathy)

Good morning, students! Today I welcome you all to the first day of medical college and you are going to learn about the medicine, and we are going to start with hypertension or high blood pressure. There are several medicines, but we are going to talk about a medicine called diuretics which is considered very safe. The discomfort is very less, and it is almost safe and effective.

There are a few side effects of **Diuretics** such as erectile dysfunction, impotency, abnormal rhythms, palpitations, nausea, vomiting, headache, dizziness, joint pain, lethargy, tiredness, weakness but there is no need to worry. If a patient complains of erectile dysfunction, **Viagra** can be given but even after taking Viagra there are a few side effects like weakness, headache, dizziness, running nose, indigestion, etc. If a patient complains of headache after taking Viagra, he can be given **Paracetamol**. Even Paracetamol may lead to liver failure, constipation, or allergy, for which some other medicine can be provided.

The doctors have a solution for every problem in the form of medicine. For instance, for indigestion, **Zantac** can be recommended. Even after Zantac, a patient may complain of insomnia, diarrhea, nausea, or constipation, but again some medicine can be recommended. In the same way, for a person suffering from abnormal rhythm, **Pronestyl** can be given which may result in diarrhea or loss of appetite. If he complains of loss of appetite, he can be given **Imodium**. However, some side effects of Imodium are constipation, dizziness, abdominal pain, vomiting and nausea.

Diuretics	Viagra	Paracetamol	Zantac	Pronestyl
Impotency	Indigestion	Constipation	Constipation	Bitter taste
Joints pain	Runny nose	Allergy	Insomnia	Weakness
Weakness	Weakness	Liver failure	Weakness	Headache
Headache	Headache	Jaundice	Headache	Nausea
Nausea	Backache	Nausea	Nausea	Dizziness
Palpitations	Redness	Diarrhea	Diarrhea	Diarrhea
Dizziness	Dizziness	Stomach pain	Dizziness	Appetite loss

So, in this way, the list of medicines keeps increasing and at the end of the day, the patient himself forgets the problem for which he had initially consulted the doctor. He just remembers the medicines to be taken in the morning, afternoon, and night. He starts taking medicines as food and feels that he is protected because of these medicines. This is enough for you to understand that the patient is now going to drown in a whirlpool of problems4. He can only be saved by his due diligence.

Another Problem with the Germ Theory

Let us try to understand the above through the analogy of a banana peel. You will understand why the medical industry has failed to address the real cause of disease, thus failing to reach the true cures.

One morning, you wanted to eat a banana. So, you took off the peels and ate the edible part of it. Now, it's the time to throw the peels. If you do not throw the banana peel out into the garbage bin, but instead put it on your kitchen table, in a short period of time, banana flies will start to feast on it. However, if you throw the banana peel into an effectively managed dustbin, the flies will disappear quickly.



This means that the decomposing banana peel was the cause of the infestation of banana flies. If you remove the banana peel, they will not have anything to eat and will fly away to try to find another source of food or they will simply die. Of course, you could kill the flies, but without removing the banana peel you would only see new ones coming in. Same goes for micro-organisms, they are usually not the main cause of disease, but can give you a hard time if they get a chance to proliferate beyond your body's ability to cope with them. What conclusions can we draw from this example?

Well, keep your inner environment clean and in balance and the microorganisms living in the body will work for you, not against you. They will not give you a hard time, because you do not interfere with nature. Many of them are actually necessary for you and will help you to maintain good health. If we learn how to live according to the laws of nature, we do not have to fear the micro-organisms. The best prevention of disease is living a healthy lifestyle according to the laws of nature.

However, the real prevention of disease (living a healthy lifestyle) is unfortunately not taught at medical schools. The dogma of the germ theory of disease is pushed to all the medical students. It can sometimes be dangerous because they almost always see germs as the causative agents and treat the disease with antibiotics which does

not help but often only makes things worse.

Evidence of Harms caused by Hospitals and Drugs

The current medical system is far from being safe. Medical researchers have continued to highlight the lower safety of the medical profession. An important example is the number of people that die due to medical error in hospitals every year. In 1999, the prestigious Institute of Medicine, published a report titled 'To Err is Human'. Dr Lucian Leape MD, a Harvard pediatrician who is referred to as 'the Father of Patient Safety' was on the committee that wrote the report. The report was published in the Journal of the American Medical Association (JAMA) and shocked the medical world. It stated that 98,000 people die annually due to medical mistakes in hospitals. [44]

Another report titled 'Is US Health Really the Best in the World?' was published in Journal of the American Medical Association (JAMA) in July 2000 by Barbara Starfield MD. It states that the health care system contributes to poor health of Americans through its adverse effects. For example, every year United States estimates about 12000 deaths from unnecessary surgery, 7000 deaths from medication errors in hospitals, 20000 deaths from other errors in hospitals, 80000 deaths from nosocomial infections in hospitals and about 106000 deaths from adverse effects of medications. These total to 225000 deaths per year from iatrogenic causes which becomes the third leading cause of death in the United States, after deaths from heart disease and cancer. ^[45] Can you imagine that the medical system itself to be the third leading cause of death in the United States?



After a few years, a group of researchers thoroughly reviewed the statistical evidence and their findings on medical errors were shocking. Gary Null PhD authored a paper titled 'Death by Medicine' that presents powerful data that today's medical system often causes more harm than good. This fully referenced report demonstrates the number of people having in-hospital, adverse reactions to prescribed drugs to be 2.2 million per year. The number of unnecessary antibiotics prescribed annually for viral infections is 20 million per year. The number of unnecessary medical and surgical procedures performed annually is 7.5 million per year.

The number of people exposed to unnecessary hospitalization annually is 8.9 million per year. The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. ^[46] It might be somewhat correct to say that the medical system, itself, can be considered as the leading cause of death and injury in the United States. (It exceeds the number of deaths attributable to heart disease 699,697 and cancer 553,251 as per the statistics.)

Unfortunately, the news has continued to get worse since then. An article published in the Journal of Public Safety September 2013 titled, 'A New Evidence-based Estimate of Patient Harms Associated with Hospital Care', found that a minimum of 210,000 preventable deaths per year occur in the U.S. and that the number may exceed 400,000 because of the limitations of the search tools they used. Incredibly, they also determined that serious harm to patients in hospitals may be

10-20 times greater than that horrific lethal number of 400,000! That means between 4 million to 8 million people are seriously harmed in hospitals annually in the U.S! [47]

According to a 2016 article published in the Journal of Community Hospital Internal Medicine Perspectives, titled the alarming reality of medication error: a patient case and review of Pennsylvania and National data, there is a dangerous and costly number of medication errors annually in the U.S.

"Errors occurred at multiple care levels, including prescribing, initial pharmacy dispensation, hospitalization, and subsequent outpatient follow-up. This exemplifies the Swiss Cheese Model of how errors can occur within a system. Adverse drug events (ADEs) account for more than 3.5 million physician office visits and 1 million emergency department visits each year. [48] It is believed that preventable medication errors impact more than 7 million patients and cost almost \$21 billion annually across all care settings. About 30% of hospitalized patients have at least one discrepancy on discharge medication reconciliation. Medication errors and ADEs are an underreported burden that adversely affects patients, providers, and the economy.

What do the above Statistics tell us?

This shows that the medical industry has absolutely failed in the prevention and treatment of illness, sickness, and disease. More and more people are going to visit doctors than ever before. More and more people are getting diagnosed regularly through blood tests, X-rays, ultrasounds, etc. than ever before. More people are taking pills and drugs than ever before. There are more surgeries performed than ever before. But still, more people suffer from diseases like type-2 diabetes, heart disease, hypertension, thyroid imbalance, polycystic ovarian syndrome, obesity, multiple sclerosis, asthma, bronchitis, sinusitis, chronic kidney disease, ulcers, piles, acid reflux, constipation, cancer, etc. The only winners in the medical system are the healthcare and drug companies. The drug companies' profits are skyrocketing. The medical industry has no genuine interest in the prevention and curing of any illness but their own profits.

In my personal experience with hundreds of people with the above conditions, I have seen that majority of these diseases that have been termed as incurable, are reversible and also curable within a few months by eliminating the cause of the disease by following a regimen of natural diet and lifestyle that has the potential to activate self-healing mechanism of the body. Anyone who is ready to eradicate the root cause of their disease will successfully recover if they un-do what caused the disease and start doing what heals it.

An ideal scenario would be waking up in the morning full of energy, vitality, content, and feeling blessed. You enjoy your day with energy, a bounce in your step, a smile on your face. You don't feel stressed, anxious, or depressed; you don't feel tired, you have no headaches or pain in your body; you are not overweight, and your skin is glowing. You have a good appetite and eat what you want, and you are never that hungry. You don't deprive yourself of the foods you enjoy. You go to sleep at night, and you sleep soundly and peacefully and get a wonderful whole night's rest. Your skin, your hair, and your nails look healthy and radiant. You have strength and tone in your muscles. Your body is fluid, graceful, and flexible. You are firm, strong, vibrant, and feel great! These are the signs of a healthy person.



A healthy person rarely needs to take a drug. A healthy person never has to have surgeries. Being sick is not "normal," it is abnormal. Most

people think they are healthy, but they really have no idea just how much better they could feel. A healthy person has no cancer, diabetes, or heart disease. A healthy person lives without illness, sickness, or disease. Most people have no idea how good their body is designed to feel. We have been brainwashed into believing that it is natural for a human being to have aches and pains, and have major medical problems like cancer, diabetes, and heart disease. We are also brainwashed into believing that it's "natural" to take drugs. We are programmed to believe that we "need" drugs in order to be healthy.

Is there a place for surgery and drugs? The answer is absolutely yes! Medical science has done a decent job at addressing symptoms. However, the treatment of a symptom has two flaws. First, the treatment itself usually causes more problems which will have to be treated later. Second, the cause of the symptom is usually never addressed. When you do not address the cause, you are allowing for problems later on.

With this said, if you are in an emergency situation such as that caused by a sudden accident of some sort, drugs and surgery can save your life. However, drugs and surgery have failed at preventing illness and they do not address the cause of illness.

Nevertheless, they do work well (not always) in most emergency crisis situations. The bottom line is, if you fall off a ladder and puncture an organ, you want to be rushed to the closest emergency room and have a trained medical doctor use drugs and surgery to save your life. But if you want to stay healthy and never have disease, drugs and surgery are not the answer. So, if trillions of dollars in scientific research have failed in producing ways to prevent and cure illness and disease, and all-natural inexpensive prevention methods and cures do exist, why aren't we hearing about them? The answer may surprise you.

What if the Cure is Discovered and People are made Aware?

Imagine there is a scientist working in a lab somewhere. He makes a breakthrough discovery: A small plant is found in the Amazon that, when made into tea and consumed, eliminates all cancer in the body

within one week. Imagine this researcher proclaiming that he has given this tea to one thousand cancer patients and that every single one of them, within one week and without having undergone surgery, was found to have absolutely no cancer in their body. Eureka! A cure for cancer! A simple, inexpensive, all-natural cure with no side effects. Just a simple plant that you make into tea and drink. It has absolutely no side effects at all. It's pure, all-natural, and costs just a penny.

Imagine this scientist announcing his discovery to the world. Certainly, he would win a Nobel Prize. Certainly, the world medical community would be rejoicing. No more cancer! Every cancer patient could drink this tea and in one week be free of all their cancer. Every person who lives with the fear of getting cancer could now know that they could simply drink a few cups of this tea, which costs them only a few pennies, and they could avoid ever getting cancer. The world would be a better place.

Unfortunately, you'll never hear this story. Not because the story is not true, but because if this simple herbal tea which cures all cancer was allowed to be sold, there would be no need for the American Cancer Society. There would be no need for any of the drug companies that are manufacturing and selling cancer drugs.

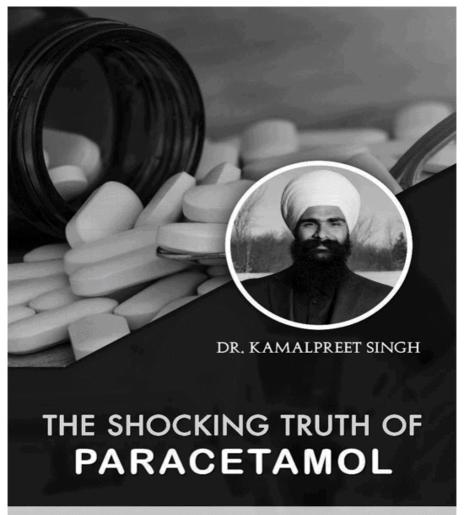
There would be no need for any additional cancer research funding. Cancer clinics around the world would close, hundreds of thousands of people would be put out of work, entire industries would shut down overnight and billions and billions and billions of dollars in profit would no longer be funneling into the kingpins who control the cancer industry.

So, when this person makes this discovery, what happens? In some cases, these people simply vanished. In other cases, these people were given hundreds of millions of dollars for their research. In still other cases the federal government raided these researchers' offices, confiscated the data, and jailed the researchers for practicing medicine without a license. Is this fantasy or is this the truth? Well, the health-care industry has a dirty little secret, and I am blowing the whistle on it. We all must take responsibility for our own health. We have to become

our own doctor, own nutritionist, own healer, and own therapist. My books are written to impart to you the required knowledge based on experience and evidence. It will assist you to remain free from the clutches of experimental medical therapies and help you successfully reverse your chronic medical conditions like type-2 diabetes.

THE SHOCKING TRUTH OF PARACETAMOL

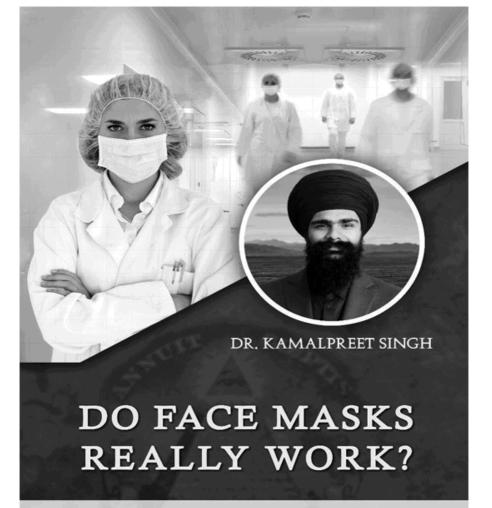
The Shocking Truth of Paracetamol gives you access to the findings of credible scientific studies published in prestigious medical journals that refute the claim that paracetamol is safe and effective. The health complications associated with paracetamol are asthma, liver failure, kidney failure, debilitating chronic diseases, impaired neurodevelopment, etc. This book also serves as a guide to manage fever and flu without drugs to avoid future health issues.



A HANDBOOK FOR EFFECTIVE MANAGEMENT OF FEVER AND FLU WITHOUT DRUGS

DO FACE MASKS REALLY WORK?

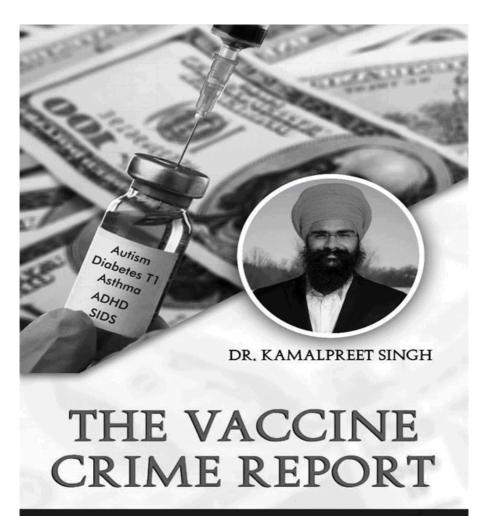
There is no scientific evidence that can conclude the benefits of wearing a face mask. A plethora of evidence suggests that wearing face masks for longer duration can cause hypoxia, hypercapnia, headaches, breathing difficulties, cardiovascular implications and nervous system changes leading to exacerbation of existing chronic diseases, especially asthma, bronchitis, migraines, and Obstructive Pulmonary Disorder.



AN INTRODUCTION TO THE NEW WORLD ORDER

THE VACCINE CRIME REPORT

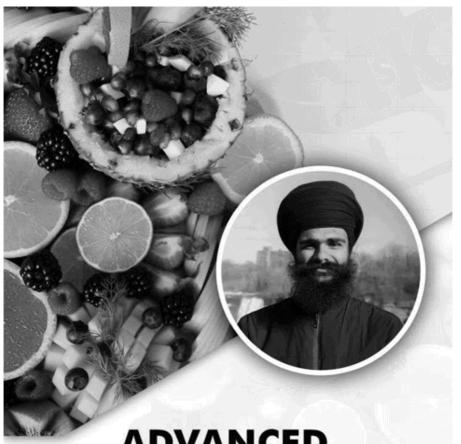
The Vaccine Crime Report gives you access to the findings of credible scientific studies published in prestigious medical journals that refute the claim that vaccines are safe and effective. The information in this book is extremely important for every person especially parents who wish to make an informed decision about their child's health.



MUST READ BEFORE YOU DECIDE TO VACCINATE YOUR CHILD

ADVANCED NUTRITION THERAPY BOOK

Advanced Nutrition Therapy: Goodbye Drugs and Diseases is a Best-Selling book by Dr. Kamalpreet Singh that focuses on reversal of chronic illness through whole food plant-based diet. Delicious and easy to make recipes are provided to ensure healthy cooking habits. The book was rated in the top 5 books in Diabetes section by Amazon.



ADVANCED NUTRITION THERAPY

Goodbye Drugs and Diseases

Dr. Kamalpreet Singh

NO MORE DIABETES

NO MORE HYPERTENSION

REFERENCES

- 1. T. Campbell "Eating Right: Eight Principles of Food and Health" The China Study" (2005)
- 2. S. Swaminathan "Scientific Basis of Nature Cure" Natural Lifestyle (2005)
- 3. B. Chowdhury "360 ° *Postural Medicine GRAD System*" (2021), https://biswaroop.com/360degree/
- 4. K. Singh "Side Effects of Chemotherapy" Go Satvik (2021), https://gosatvik.ca/chemo/
- 5. D. L. Schriger "Lowering the Cut Point for Impaired Fasting Glucose: Where is the evidence? Where is the logic?" American Diabetes Association (2004), https://diabetesjournals.org/care/article/27/2/592/28284/Lowering-the-Cut-Point-for-Impaired-Fasting
- A. Qaseem "Hemoglobin A1c Targets for Glycemic Control with Pharmacologic Therapy for Nonpregnant Adults with Type 2 Diabetes Mellitus: A Guidance Statement Update from the American College of Physicians" Annals of Internal Medicine (2018), https://pubmed.ncbi.nlm.nih.gov/29507945/
- 7. The Action to Control Cardiovascular Risk in Diabetes Study Group "Effects of Intensive Glucose Lowering in Type 2 Diabetes" The New England Journal of Medicine (2008), https://www.nejm.org/doi/full/10.1056/NEJMoa0802743
- 8. B. Chowdhury "New Diabetes Guidelines" (2019)
- 9. W. Duckworth "Glucose Control and Vascular Complications in Veterans with Type 2 Diabetes" New England Journal of Medicine (2009), https://www.nejm.org/doi/full/10.1056/nejmoa0808431
- S. Swaminathan "Science of Natural Hygiene" Natural Lifestyle (2005)

- 11. S. Jain "Satvic Food Book" Satvic Movement
- 12. S. Furmli "Therapeutic use of intermittent fasting for people with type 2 diabetes as an alternative to insulin" BMJ Case Reports (2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6194375/
- 13. A. Obermayer "Efficacy and Safety of Intermittent Fasting in People With Insulin-Treated Type 2 Diabetes (INTERFAST-2)—A Randomized Controlled Trial" Diabetes Care (2023), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9887629/
- P. Tagde "Multifaceted Effects of Intermittent Fasting on the Treatment and Prevention of Diabetes, Cancer, Obesity or Other Chronic Diseases" Current Diabetes Reviews (2022), https:// pubmed.ncbi.nlm.nih.gov/34961463/
- 15. M. Albosta "Intermittent fasting: is there a role in the treatment of diabetes? A review of the literature and guide for primary care physicians" Clinical Diabetes and Endocrinology (2021), https://pubmed.ncbi.nlm.nih.gov/33531076/
- 16. H. Du "Fresh fruit consumption in relation to incident diabetes and diabetic vascular complications: A 7-y prospective study of 0.5 million Chinese adults" PLOS Medicine (2017), https://pubmed.ncbi.nlm.nih.gov/28399126/
- 17. M. Murphy "100% Fruit juice and measures of glucose control and insulin sensitivity: a systematic review and meta-analysis of randomized controlled trials" Journal of Nutritional Science (2017), https://pubmed.ncbi.nlm.nih.gov/29299307/
- 18. E. M. Steele "*Ultra-processed foods and added sugars in the US diet: evidence from a nationally representative cross-sectional study*" BMJ Open (2016), https://bmjopen.bmj.com/content/6/3/e009892.long
- J. Moubarac "Ultra Processed foods in Canada: consumption, impact on dietary quality and policy implications" Heart and Stroke foundation (2017), https://www.heartandstroke.ca/what-we-do/ media-centre/news-releases/time-to-curb-our-appetite-for-ultraprocessed-food

- R. B. Levy "Ultra-processed food consumption and type 2 diabetes incidence: A prospective cohort study" Clinical Nutrition (2021), https://pubmed.ncbi.nlm.nih.gov/33388205/
 M. M Lane "Ultra processed food and chronic noncommunicable
- diseases: A systematic review and meta-analysis of 43 observational studies" Obesity Reviews (2021), https://pubmed.ncbi.nlm.nih.gov/33167080/
- 22. R. Mendonça "*Ultra processed food consumption and risk of overweight and obesity: the University of Navarra Follow-Up (SUN) cohort study*" The American Journal of Clinical Nutrition (2016), https://pubmed.ncbi.nlm.nih.gov/27733404/
- 23. F. M. Delpino "Ultra-processed food and risk of type 2 diabetes: a systematic review and meta-analysis of longitudinal studies" International Journal of Epidemiology (2022), https://pubmed.ncbi.nlm.nih.gov/34904160/
- Consumption and Risk of Diabetes Mellitus" Nutrients (2022), https://pubmed.ncbi.nlm.nih.gov/35745095/
 25. Centers for Disease Control and Prevention "What Is Type 1

24. M. I. Almarshad "Relationship between Ultra Processed Food

type-1-diabetes.html

26. K. Singh "The Vaccine Crime Report" Go Satvik (2021), https://

Diabetes?" (2022), https://www.cdc.gov/diabetes/basics/what-is-

gosatvik.ca/books

27. A. Stuebe "The Risks of Not Breastfeeding for Mothers and

Infants" Obstetrics and Gynecology (2009), https://

- www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/28. K. Woodford "Devil in the Milk: Illness, Health and the Politics of A1
- and A2 Milk" (2009)

29. H. C. Gerstein "Cow's milk exposure and type I diabetes mellitus.

- A critical overview of the clinical literature" Diabetes Care (1994), https://pubmed.ncbi.nlm.nih.gov/8112184/
- 30. K. Singh "Reversal of Type 1 Diabetes upon Plant-based

- Wholefood Diet: A Case Study" Journal of the Science of Healing Outcomes (2023), https://www.thejsho.com/reversaltypedia.aspx
- 31. K. D. Jorgensen "Relationship between cows' milk consumption and incidence of IDDM in childhood" Diabetes Care (1991), https://pubmed.ncbi.nlm.nih.gov/1797491/
- 32. S. M. Virtanen "Infant feeding in Finnish children less than 7 yr of age with newly diagnosed IDDM. Childhood Diabetes in Finland Study Group" Diabetes Care (1991), https://pubmed.ncbi.nlm.nih.gov/2060453/
- 33. F. Pérez-Bravo "Genetic predisposition and environmental factors leading to the development of insulin-dependent diabetes mellitus in Chilean children" Journal of Molecular Medicine (1996), https://link.springer.com/article/10.1007/BF00196786
- 34. L. Monetini "Bovine beta-casein antibodies in breast- and bottle-fed infants: their relevance in Type 1 diabetes" Diabetes/Metabolism Research and Reviews (2001), https://pubmed.ncbi.nlm.nih.gov/11241891/
- 35. T. Kimpimaki "Short-term exclusive breastfeeding predisposes young children with increased genetic risk of Type I diabetes to progressive beta-cell autoimmunity" Diabetologia (2001), https://pubmed.ncbi.nlm.nih.gov/11206413/
- 36. J. N. Kostraba "Early exposure to cow's milk and solid foods in infancy, genetic predisposition, and risk of IDDM" Diabetes (1993), https://pubmed.ncbi.nlm.nih.gov/11284175/
- 37. J. B. Classen "Review of Vaccine Induced Immune Overload and the Resulting Epidemics of Type 1 Diabetes and Metabolic Syndrome, Emphasis on Explaining the Recent Accelerations in the Risk of Prediabetes and other Immune Mediated Diseases" Journal of Molecular and Genetic Medicine (2014), https://www.hilarispublisher.com/abstract/review-of-vaccine-induced-immune-overload-and-the-resulting-epidemics-oftype-1-diabetes-and-metabolic-syndrome-emphasis--34633.html
- 38. J. Wahlberg "Vaccinations may induce diabetes-related

- autoantibodies in one-year-old children" Annals of the New York Academy of Sciences (2003), https://pubmed.ncbi.nlm.nih.gov/14679101/
- 39. J. B. Classen "Prevalence of Autism is Positively Associated with the Incidence of Type 1 Diabetes, but Negatively Associated with the Incidence of Type 2 Diabetes, Implication for the Etiology of the Autism Epidemic" Open Access Scientific Reports (2013), https://archive.org/details/classen771476
- 40. J. B. Classen "Risk of Vaccine Induced Diabetes in Children with a Family History of Type 1 Diabetes" The Open Pediatric Medicine Journal (2008), https://benthamopen.com/ABSTRACT/TOPEDJ-2-7
- 41. J. B. Classen "Vaccines and the risk of insulin-dependent diabetes (IDDM): potential mechanism of action" Medical Hypotheses (2001), https://pubmed.ncbi.nlm.nih.gov/11735306/
- 42. P. Thomas "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination"

 International Journal of Environmental Research and Public Health (2020), https://pubmed.ncbi.nlm.nih.gov/33266457/
- 43. N. Osterweil "Acetaminophen Is Leading Cause of Acute Liver Failure" MedPage Today (2005), https://www.medpagetoday.com/psychiatry/depression/2233
- 44. L. T. Kohn "*To Err Is Human; To Fail to Improve Is Unconscionable*" Institute of Medicine (1999), https://www.supersalud.gob.cl/observatorio/671/articles-14460_recurso_1.pdf
- 45. B. Starfield "Is US Health Really the Best in the World" Journal of the American Medical Association (2000), https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications_PDFs/A154.pdf
- 46. G. Null "Death by Medicine" (2011), https://advancedmedicine.ca/ wp-content/uploads/2013/09/How-Effective-is-Modern-Medicine.pdf

- 47. J. T. James "A New Evidence-based Estimate of Patient Harms Associated with Hospital Care", Journal of Public Safety (2013), https://journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A New, Evidence based Estimate of Patient Harms.2.aspx
- 48. B. A. da Silva "The alarming reality of medication error a patient case and review of Pennsylvania and National data" Journal of Community Hospital Internal Medicine Perspectives (2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5016741/